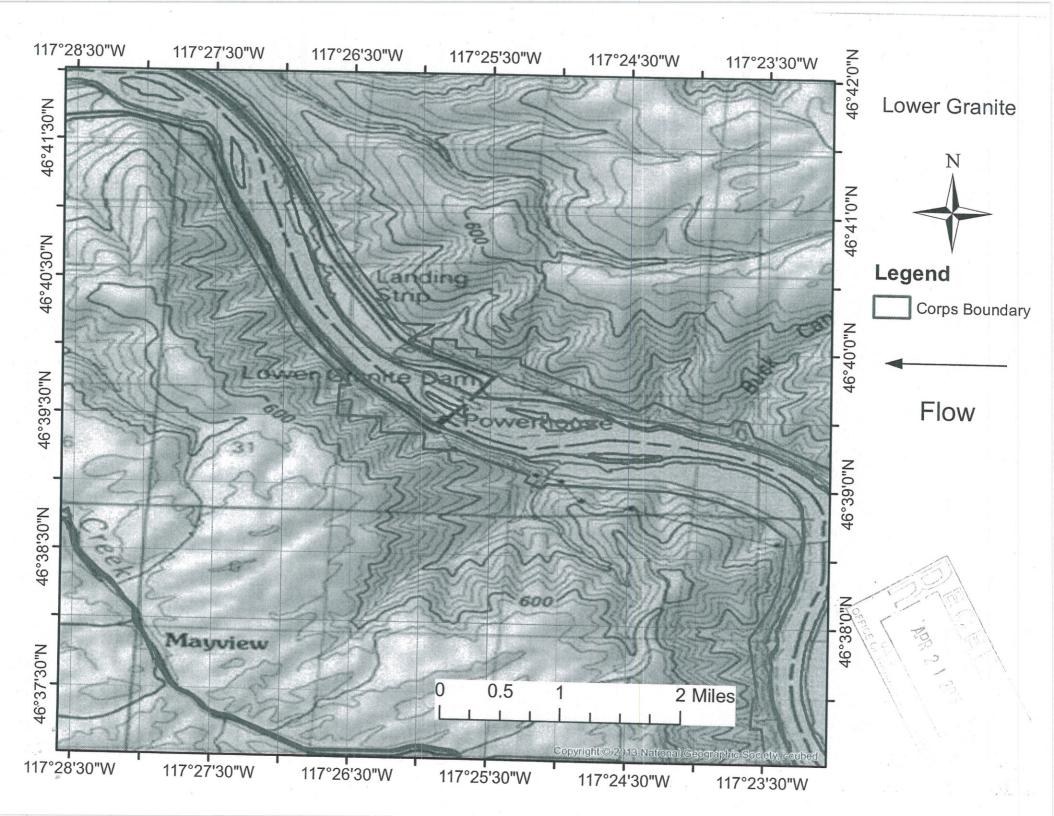
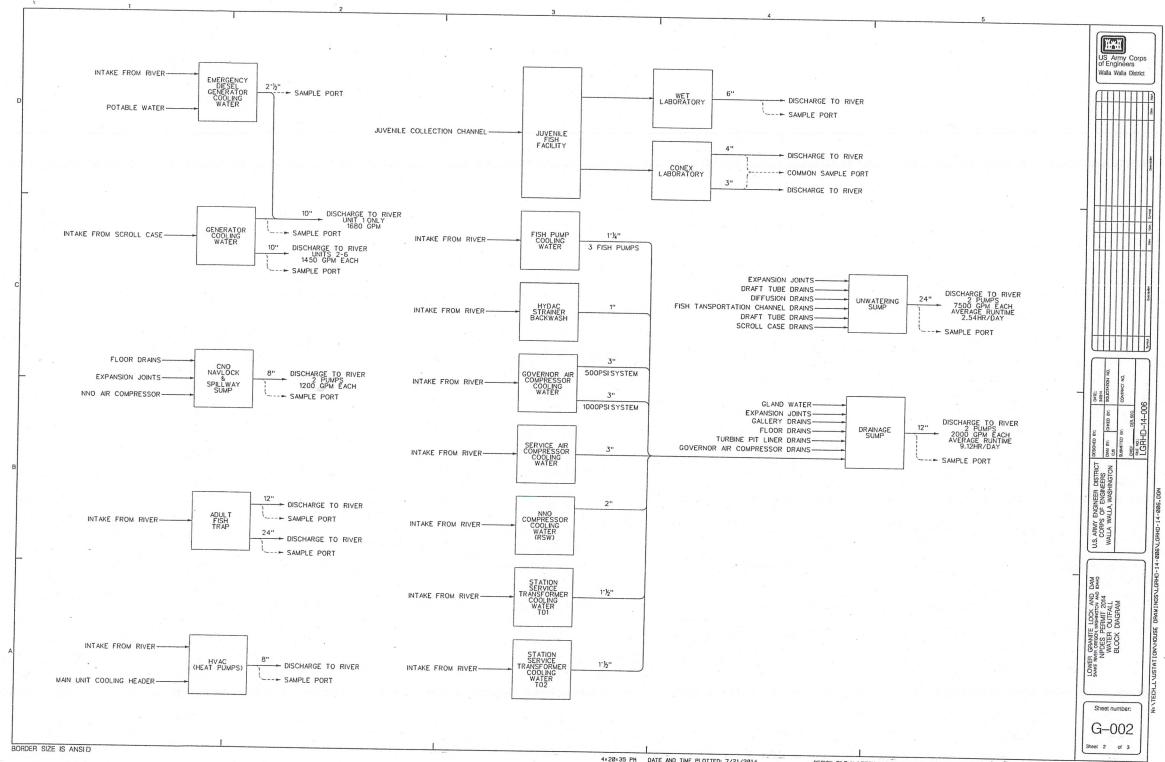
## **CPermit Application Review Checklist**

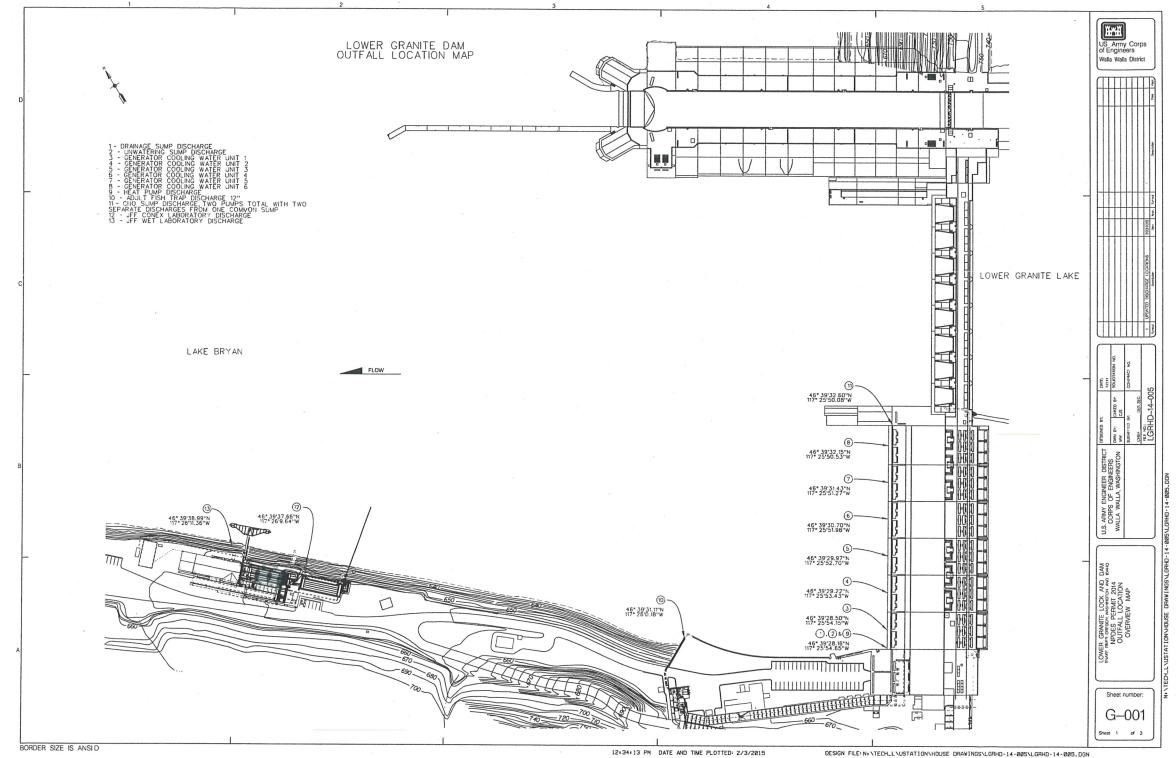
*To be completed by the Permit Clerk*	on
Facility Name: Lower Granite Lock and Dam	
Permit Number:	33 × 11 ×
Date Reminder Letter Sent for Additional Information:	None
Date of Postmark on Application Submittal:	4/21/2015
Date Application is Received in OWW:	4/21/2015
Note: Application transmittal letter and the first three pages of the application are to be copied. The original transmittal letter, the first three pages of the application, and the envelope /package /email it was received in or attached to, are to be filed in the permit file (For bulky mailing packages, it will suffice to cut out the portion of the mailing label with the address and postmarked date.) If no file exists, a file is to be created. The copied version of the transmittal letter and the copied version of the first three pages of the application along with the rest of the original application and this check-list are to be routed.	
Date application package and Checklist are routed to Review Coordinator:	5/4/2015
Date Application Information logged into E-database:	5/4/2015
Permit Clerk Sign off & Date:  Part (2) Application Review for Timeliness & Comp	5/4/20/S leteness
*To be completed by Review Coordinator*  Permit Writer of the Month (name):  John Abbotts	
A. If Application is determined to be Timely and Complete:	, 12
<ol> <li>Date Determination letter sent to Applicant:</li> <li>Go to C. below</li> </ol>	
B. If Application is determined to be Incomplete:	<i>x</i>

1. Date Incomplete letter sent to Applicant:	
2. Date additional information is due to R10:	
3. Date additional information is received:	
4. Date Application is determined complete:	
5. Date Timely & Complete letter sent to Applicant:	-
6. Go to C below	
<ol> <li>C. Check for Industrial Storm water:         <ol> <li>Is the facility an Industrial Facility?</li> <li>A municipal discharger discharging greater than 1 MGD? Or</li> <li>Has a required pretreatment program?</li> </ol> </li> <li>If yes, check Industrial E-NOI Database to see if the facility has a MSGP.         <ol> <li>http://cfpub.epa.gov/npdes/stormwater/noi/noisearch.cfm</li> </ol> </li> <li>If facility does have a MSGP, include Note for Permit writer in the Comment Section (below) to alerting them to coordinate with Margaret McCauley on opportunities to consolidate the permits.</li> </ol> <li>Go to E</li>	
<ul> <li>D. If Application is submitted after the expiration date:</li> <li>1. Date expiration letter sent to Applicant</li> <li>2. Go to E below</li> </ul>	
E. Date package is routed to NCU Database Manager: (Note: NCU Database Manager is to receive copies of all correspondence along with application and this checklist)	
Application Information logged into E-database	4.4
Review Coordinator Sign off and Date	
Part (3) ICIS/PCS Database Entry *To be completed by NCU Database Manager*	
Date NCU Database Manager receives permit application package:	
Date NCU Database Manager gives application to Data Entry Staff:	

Data-entry Staff (name):	
Date permit information is entered into ICIS/PCS:	1
Date permit information is returned to NCU Database Manager:	
Date application, letters and this Checklist are routed to Permit Clerk:	
Date Application Information logged into E-database:	
NCU Database Manager Sign off & Date	
Part (4) Final Filing of Application in Permit *To be completed by Permit Clerk*	t File
Date Application, letters and checklist are filed in Permit File:	
Date final information on application review process entered into Edatabase:	
Permit Clerk Sign off & Date:	
Comment Section:	







Please print or type in the unshaded areas only. FORM U.S. ENVIRONMENTAL PROTECTION AGENCY Form Approved. OMB No. 2040-0086. 1 **\$EPA** GENERAL INFORMATION I. EPA I.D. NUMBER Consolidated Permits Program (Read the "General Instructions" before starting.) GENERAL F LABEL ITEMS D EPA I.D. NUMBER GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully, if any of its incorrect transfer to the control of the control III FACILITY NAME designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area beliow. Also, if any of the preprinted data in formation that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item PLEASE PLACE LABEL IN THIS SPACE FACILITY MAILING ADDRESS VI FACILITY LOCATION II. POLLUTANT CHARACTERISTICS has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "Y" in the boy in the third column if the supplemental form is attached. If INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions for definitions of **bold-faced terms**. A. Is this facility a publicly owned treatment works which FORM ATTACHED results in a discharge to waters of the U.S.? (FORM 2A) SPECIFIC QUESTIONS B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or FORM ATTACHED NO C. Is this a facility which currently results in discharges to aquatic animal production facility which results in a 17 discharge to waters of the U.S.? (FORM 2B) waters of the U.S. other than those described in A or B above? (FORM 26) Form 2E D. Is this a proposed facility (other than those described in A 20 21 E. Does or will this facility treat, store, or dispose of or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) 23 F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum 26 27 G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) 29 H. Do you or will you inject at this facility fluids for special inject fluids used for enhanced recovery of oil or natural gas production, inject fluids for storage of liquid hydrocarbons? processes such as mining of sulfur by the Frasch process, 32 33 solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and 35 which will potentially emit 100 tons per year of any air J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the pollutant regulated under the Clean Air Act and may affect 38 39 or be located in an attainment area? (FORM 5) instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? NAME OF FACILITY (FORM 5) SKIP Lower Granite Lock and Dam 1 15 FACILITY CONTACT A. NAME & TITLE (last, first, & title) Mendiola, 2 Marty, Operations Manager B. PHONE (area code & no.) 15 (509) 843-1493 V. FACILTY MAILING ADDRESS 48 | 49 51 | 52-A. STREET OR P.O. BOX 55 885 Almota 3 Ferry Rd 15 16 B. CITY OR TOWN 4 Pomeroy C. STATE D. ZIP CODE 15 WA 99347 VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 885 Almota Ferry 5 15 16 B. COUNTY NAME Garfield C. CITY OR TOWN Pomerdy 6 TT T D. STATE E. ZIP CODE F. COUNTY CODE (if known) EPA Form 3510-1 (8-90) WA 99347 -54

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C. L. CODES (4-digit, in	order of priority)			
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VIII. OPERATOR INFORMAT	ION	7 N/A (specify)	D. FOURTH	
8 US Army Corps	A. NAM			
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F = FEDERAL	US OF OPERATOR (Enter the appropriate let  M = PUBLIC (other than federal or state)	ler into de	VIII-A also ti	
S = STATE P = PRIVATE	M = PUBLIC (other than federal or state) O = OTHER (specify)	F (specify)  (specify)	) D. PHONE (area	1
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B Pmeroy	F. CITY OR TOWN	55		
15 16		G. STATE	H. ZIP CODE   IX. INDIAN LAND	
X. EXISTING ENVIRONMENTAL A. NPDES (Disale	PERMITS	40 41 42 4	99347 Sine facility located on	Indian lands?
A. NPDES (Discharges of the property) 9 N WA-002211-0	o Surface Water) D. PSD	(Air Emissions from Proposed Sources)	51 02	
15   16   17   18	9 P	y sm. 170posed Sources)		
B. UIC (Underground Inje			30	
15 16 17 18	9	E. OTHER		2 1
C. RCRA (Hazardou:	Wastes) 30 15 16 17 18		(specify)	
15 16 17 18	9	E. OTHER		
Attach to this and the	30 15 16 17 18		(specify)	
location of each of its existing and pi	phic map of the area extending to at least of	De mile have	30	
XII. NATURE OF BUSINESS (provide	ohic map of the area extending to at least of opposed intake and discharge structures, eac springs, rivers, and other surface water bodies a brief description)	ch of its hazardous waste treatment, st	The map must show the outline of the formation	0.000
incidental irrigation The	llities. The project not Lo	wer Granite Dam		
It includes a navigation l	tittles. The project provides of Lore de dam, located at the upstream set. The dam is a concrete grace ock with clear dimensions of cot by 60.5-foot radial gates	n end of Lake Bryan, is at	navigation, recreation and	d
cigne 50-f	oot by 60.5-foot radial gates	86 by 674 feet; and an ei	ill right abutment embankme	n ent
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XIII. CERTIFICATION (see instructions)  I certify under penalty of law that I have period inquiry of those persons immediately response am aware that there are significant penalties.  A. NAME & OFFICIAL TITLE (type or print)  LTC Timothy R. Vail		A TOTAL		
inquiry of those persons immediately response	ersonally examined and am familiar with the	internal		
A. NAME & OFFICIAL TITLE (type or print)	s for submitting false information containe	d in the application, I believe that the	n and all attachments and that have d	
I certify under penalty of law that I have per inquiry of those persons immediately respons am aware that there are significant penalties.  A. NAME & OFFICIAL TITLE (type or print)  LTC Timothy R. Vail  District Commander	B. SIGNATURE	or fine and imprisonment.	normation is true, accurate, and comple	te. I
	L	1/	C. DATE SIGNED	
COMMENTS FOR OFFICIAL USE ONLY		T		
15 16	. , , , , , , , , , , , , , , , , , , ,		Assessment Assessment of the Control	
EPA Form 3510-1 (8-90)		1	1	

2E NPDES  I. RECEIVING WATE	:PA Faci				Anne	MB No. 2040 0000
I. RECEIVING WATE	ka da ka	lities Whic	h Do Not D	in at	Approval expires 5	MB No. 2040-0086. i-31-92.
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II. DISCHARGE DATE	(If a new discharge	er, the date you exper	of to having			
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A. Check the box(es) inc	dicating the general	tum-()				
☐ Sanitary Wastes	goneral	type(s) of wastes dis	scharged.			
B. If any cooling water - I	LI Restaurant	or Cafeteria Wastes	П			
B. If any cooling water ad	ditives are used, lis	st them here. Briefly o	describe their company	ontact Cooling Wate	r ☑ Other I Wastev	Nonprocess se water (Identify) Di
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IV. EFFLUENT CHARACTE  A. Existing Sources	RISTICS					
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A Company of the comp	Provide measuremotions). Provide estimates for number of measuremotions.  Provide estimates for number of measuremotions.  Mass  0.0 lbs/day  48.0 lbs/day  NA  0.0 lbs/day  31.2 lbs/day  142.7lbs/day  50.7 lbs/day  3.94 lbs/day  alue  2000	Concentration Y <2 mg/L Y 2.0 mg/L NA <0.05 mg/L 1.3 mg/L 5.94 mg/L 2.11 mg/L 0.164 mg/L GPM	Ave Value (included included i	concentration  concentration  concentration  concentration  concentration  concentration  concentration  NA  co.05 mg/L  1.3 mg/L  5.94 mg/L  2.11 mg/L  0.164 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)
authority (see instruct.  B. New Dischargers — authority. Instead of the Pollutant or Parameter  Biochemical Oxygen Demand (BOD)  otal Suspended Solids (TSS)  pecal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if forine is used)  and Grease  emical oxygen demand (COD)  al organic carbon (TOC)  al organic (as N)  arge Flow  Verange)	Provide measuremotions). Provide estimates for number of measuremotions.  Provide estimates for number of measuremotions.  Mass  0.0 lbs/day  48.0 lbs/day  31.2 lbs/day  31.2 lbs/day  142.7lbs/day  50.7 lbs/day  3.94 lbs/day  alue  2000	Concentration Y <2 mg/L Y 2.0 mg/L NA <0.05 mg/L 1.3 mg/L 5.94 mg/L 2.11 mg/L 0.164 mg/L GPM	Ave Value (included included i	concentration  concentration  concentration  concentration  concentration  concentration  concentration  NA  co.05 mg/L  1.3 mg/L  5.94 mg/L  2.11 mg/L  0.164 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)

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V. Except for leaks or spills, will the discharge described in this form be intermitted. Out followed and duration.	ent or seasonal?
Outfall 001 is the drainage sump. It runs on average 9.1hr	☑ Yes ☐ No
Famps are lated at 2000 GPM	s/day, two pumps, 1 lead 1 1
	12, 1 lead, 1 lag.
to the graph of the control of the property of the control of the	
\n	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)  A belt skimmer is installed in the	
A belt skimmer is installed in the drainage sump. Whenever the skimmer automatically starts. Any hydrocarbon collected separator.	
the skimmer is installed in the drainage sump. Whenever the skimmer automatically starts. Any hydrocarbon collected separator.	home
separator. Any hydrocarbon collected	here is a presence of hydrogarher
- Collected	is then routed to an oil-water
	oll water
OTHER WITTER	
OTHER INFORMATION (Optional)	
Use the space below to	THE RESIDENCE OF THE PARTY OF T
photolic Delow to expand upon any of the characteristics	
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RECEIVING WATERS   Latitude   Longitude   Receiving Water (name)	RECEIVING WATERS   Latitude   Longitude   Receiving Water (name)	2E SEP			er (copy from Item 1 of F	A	orm Approved. OMB N pproval expires 5-31-9	12
For this outfall, list the latitude and longitude, and name of the receiving water(s).    Country   Countr	For this outfall, list the latitude and longitude, and name of the receiving water(s).    Control   Deg   Min   Sec   Deg   Min   Sec   Stake River	NPDES	A Facilitie	es Which [	Do Not Disc	charge Pro	CASS Mas	otowet-
Number (fiet)  Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Sec Stake River  10.02	Deg   Min   Sec   Sec   Shake River	I. RECEIVING WATERS	5				vas	rewater
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Number (rist)  Deg Min Sec Deg Min Sec Deg Min Sec Deg Min Sec Sec Stake River  1. DISCHARGE DATE (if a new discharger, the data you expect to begin discharging)  1. DISCHARGE DATE (if a new discharger, the data you expect to begin discharging)  1. DISCHARGE DATE (if a new discharger, the data you expect to begin discharging)  1. DISCHARGE DATE (if a new discharger, the data you expect to begin discharging)  1. DISCHARGE DATE (if a new discharger, the data you expect to begin discharger)  1. Sanitary Wastes  1. Restaurant or Cafeteria	Number (rise)   Deg   Min   Sec   Deg   Min   Sec   Sec   Snake River	Outfall	Latitude	ist the latitude a	nd longitude, and	name of the reco	eiving water(s).	
Second   1.0   1	Sanitary Wastes   Restaurant or Cafeteria Wastes   Moncontact Cooling Water   Other Nonprocess Wastewater (Identity)		Min o	Longitude	Receiving Water (r	name)		
III. DISCHARGE DATE (# a new discharger, the date you expect to begin discharging)  III. TYPE OF WASTE  A. Check the box(es) indicating the general type(s) of wastes discharged.  Sanitary Wastes Restaurant or Cafetaria Wastes Noncontact Cooling Water Wastewater (identify)  B. If any cooling water additives are used, list them here. Birefly describe their composition if this information is available.  Set Stating Sources — Provide neasurements for the parameters listed in the left-hand column below, unless waived by the permitting authority, instead of the number of measurements taken, provide the source of estimated values (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority, instead of the number of measurements taken, provide the source of estimated values (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority, instead of the number of measurements taken, provide the source of estimated values (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority, instead of the number of measurements taken, provide the source of estimated values (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  A. Extension of the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  A. Extension of the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  A. Extension of the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  A. Extension of the permitting authority (see instructions).  A. Extension of the permitting authority (see	IL DISCHARGE DATE (# a new discharger, the date you expect to begin discharging) 03/01/1975  ILL TYPE OF WASTE  A. Check the box(es) indicating the general type(s) of wastes discharged.  Sanitary Wastes  Restaurant or Cafeteria Wastes  Sit any cooling water additives are used, list them here. Briefly describe their composition if this information is available.  A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  Poblitant or Parameter — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  Poblitant or Dahly value (instruction).  Mass — Concentration — Mass — Concentration — Concent			000	Bliake River			
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Sanitary Wastes  Restaurant or Cafeteria Wastes  Moncontact Cooling Water  Wastewater (identify)  Sanitary Waste water (identify)  Restaurant or Cafeteria Wastes  Restaurant or Cafeteria Was	Sanitary Wastes  Restaurant or Cafeteria Wastes  Refif any cooling water additives are used, list them here. Briefly describe their composition if this information is available.  A Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (include unless).  B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority (include unless).  Pollutant or Permitting — Number of measurements taken, provide the source of estimated values (see instructions).  Pollutant or Permitting — Number of measurements taken, provide the source of estimated values (see instructions).  Name — Concentration — Number of measurements taken, provide the source of estimated values (see instructions).  Source of Estimated Values (include unless) — Number of Measurements (include unless) — N							
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Comparison   Com	Comparison	<ul> <li>A. Existing Sources — Fauthority (see instruction)</li> </ul>	Provide measuremen	its for the parameter	rs listed in the left-hand	d column below, unle	ess waived by the n	ormitting.
Pollutant or Parameter	Pollutant or Parameter   Maximum   Average Daily Value (ast year)   Mass   Concentration   Mass   Concentration   Mass   Concentration   Mass   Concentration   Mass   Concentration   Taken (last year)   Taken (last year)   Mass   Concentration   Mass   Concentration   Taken (last year)   Mass   Concentration   Taken (last year)   Mass   Concentration   Taken (last year)   Mass   Concentration   Mass   Concentration   Taken (last year)   Mass   Concentration   Taken (last year)   Mass	A. Existing Sources — Fauthority (see instruction     B. New Dischargers	Provide measuremen	the parameters liste	rs listed in the left-hand	d column below, unle	ess waived by the p	ermitting
Concentration   Mass   Concentration   Mass   Concentration	(include units)   (include u	A. Existing Sources — Fauthority (see instruction     B. New Dischargers	Provide measuremen	ements taken, provid	ed in the left-hand column the source of estimate	d column below, unless wated values (see insti	ess waived by the praived by the permitt ructions).	ermitting
Concentration   Mass   Concentration   Mass   Concentration   Taken   (fir new discharge mand (BOD))	Concentration   Mass   Concentration   Taken (filest year)   Cife we discharge (filest year)   Cife we discharge (filest year)   Concentration   Taken (filest year)   Cife we discharge (filest year)   Concentration   Conce	A. Existing Sources — Fauthority (see instruction     B. New Dischargers — Fauthority. Instead of the Pollutant or	Provide measuremen provide estimates for a number of measure	ements taken, provid  (1)  aximum	ed in the left-hand colu le the source of estima Avera	amn below, unless wa ated values (see insti	aived by the permitt ructions).	ing
1.00   1.00	Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/da   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/day   2.0 mg/L   1.00     Suspended Solids (TSS)   180.11bs/day   2.0 mg/L   1.00     Residual Chlorine (if	A. Existing Sources — Fauthority (see instruction     B. New Dischargers — Fauthority. Instead of the Pollutant or	Provide measuremen ons). Provide estimates for e number of measure Ma Daii (inclu	ements taken, provid  (1) aximum ily Value	ed in the left-hand colu le the source of estima Avera Value	amn below, unless wa ated values (see insti- (2) age Daily (last year)	aived by the permitt ructions).  (3)  Number of	(or) (4)
180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00	180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00     180.11bs/da   2.0 mg/L   18.8 lbs/day   2.0 mg/L   1.00     180.11bs/day   NA	A. Existing Sources — Fauthority (see instruction     B. New Dischargers — Fauthority. Instead of the Pollutant or Parameter  Chemical Oxygen	Provide measuremen ons). Provide estimates for e number of measure Ma Dail (inclu	the parameters listerments taken, provid (1) aximum ily Value ude units) Concentration	ed in the left-hand column to the source of estimate the estimate the source of estimate the source of estimate the estimate the estimate the estimate the estimate the estimate the es	imn below, unless wa ated values (see insti (2) age Daily (last year) ide units)	aived by the permitt ructions).  (3)  Number of Measurements Taken	(or) (4)
NA   NA   NA   NA   NA   O.00	NA   NA   NA   NA   NA   O.00	A. Existing Sources — Fauthority (see instruction     B. New Dischargers — Fauthority. Instead of the Pollutant or Parameter  Chemical Oxygen mand (BOD)	Provide measuremen ons). Provide estimates for e number of measure Ma Dail (inclu	(1) aximum ily Value concentration	ed in the left-hand column to the source of estimate the estimate the source of estimate the source of estimate the estimate the estimate the estimate the estimate the estimate the es	imn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration	(3) Number of Measurements Taken (last year)	(or) (4)
Residual Chlorine (if ine is used)   0.0 lbs/day   <0.05 mg/L   0.0 lbs/day   <0.05 mg/L   1.00	Residual Chlorine (if ine is used)	A. Existing Sources — Fauthority (see instruction in the instruction i	Provide measuremen ons). Provide estimates for enumber of measure  Ma Daii (inclu Mass  0.0 lbs/day	(1) aximum by Value concentration  (2 mg/L	Avera Value (inclu  Mass  0.0 1bs/day	imn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration  <2 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4)
1.00   1.00	1.00   1.00	A. Existing Sources — Fauthority (see instruction authority (see instruction authority). Instead of the Pollutant or Parameter  Chemical Oxygen and (BOD)  If Suspended Solids (TSS)  If Coliform (if believed present sanitary waste is discharged)	Provide measuremen ons). Provide estimates for enumber of measure  Ma Daii (inclu Mass  0.0 lbs/day  180.1lbs/da	(1) (1) (2) (2) (3) (3) (4) (4) (5) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Avera Value (inclu Mass  0.0 lbs/day  18.8 lbs/day	mm below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4)
1.00   1.00	1.00   1.00	A. Existing Sources — Fauthority (see instruction authority (see instruction see instruction s	Provide measuremen pns). Provide estimates for enumber of measure  Ma Daii (inclu Mass  0.0 lbs/day  180.1lbs/da  NA	(1) Aximum ily Value units)  Concentration  <2 mg/L  2.0 mg/L  NA	Avera Value (inclu  Mass  0.0 lbs/day  18.8 lbs/day  NA	(2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA	(3) Number of Measurements Taken (last year) 1.00	(or) (4)
organic carbon (TOC)  100.01bs/day  1.11 mg/L  10.4 lbs/day  1.11 mg/L  1.00  5.79 lbs/day  0.064 mg/L  0.60 lbs/day  0.064 mg/L  1.00  rge Flow  Value  7500 gpm  1.13 MgD  0.00  1.00  1.00  ature (Winter)	organic carbon (TOC)  100.01bs/day  1.11 mg/L  10.4 lbs/day  1.11 mg/L  1.00  5.79 lbs/day  0.064 mg/L  0.60 lbs/day  0.064 mg/L  1.00  Toge Flow  Value  7500 gpm  1.13 MgD  0.00  1.00  Toge Flow  Value  7.00-8.00  Toge Flow  7.00-8.00  Toge Flow  1.00  1.00	A. Existing Sources — Fauthority (see instruction authority (see instruction by the seed)  B. New Dischargers — Fauthority. Instead of the seed of the	Provide measuremenons). Provide estimates for enumber of measure  Manage of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day	(1) (1) (2) (2) (3) (3) (4) (4) (5) (5) (7) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Averavable of the source of estimate the sour	imn below, unless water values (see institute) (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L	(3) Number of Measurements Taken (last year)  1.00  0.00	(or) (4)
10.4 lbs/day   1.11 mg/L   1.00   1	10.4   10.5   10.4   10.5   10.4   10.5   10.4   10.5	A. Existing Sources — Fauthority (see instruction authority (see instruction by the see ins	Provide measuremenons). Provide estimates for enumber of measure  Manage of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day	the parameters listerments taken, provid  (1) aximum ily Value ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  0.0 lbs/day  18.8 lbs/day  NA  0.0 lbs/day  0.0 lbs/day	imn below, unless water values (see institute)  (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00	(or) (4)
rge Flow Value 7500 gpm 1.13 MgD 0.004 mg/L 1.00  e range) Value 7.00-8.00 1.00	Value   7500 gpm   1.13 MgD   0.004 mg/L   1.00	A. Existing Sources — Fauthority (see instruction authority (see instruction by the instruction of the second of t	Provide measuremenons). Provide estimates for enumber of measure  Manage of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day	the parameters lister	Averavable the source of estimate the source	imn below, unless water values (see institute of the content of th	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00	(or) (4)
e range) Value 7.00-8.00 0.00  ature (Winter) 1.13 MGD 0.00	Value   7.00-8.00   1.13 MgD   0.00	A. Existing Sources — Fauthority (see instruction authority (see instruction in the see in the see instruction in the see instruction in the see i	Provide measuremenons). Provide estimates for enumber of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  100.0lbs/day	the parameters listerments taken, provid  (1) aximum ity Value ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  <5 mg/L  1.11 mg/L	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  0.0 lbs/day  18.8 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  10.4 lbs/day	imn below, unless water values (see institute of the content of th	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00	(or) (4)
rature (Winter)	ature (Winter)  °C  °C  °C  °C  °C  °C	A. Existing Sources — Fauthority (see instruction in the substruction in the substruct	Provide measuremenons). Provide estimates for enumber of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  180.0lbs/day  180.1lbs/day	the parameters listerments taken, provid  (1)  eximum ity Value ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  <5 mg/L  1.11 mg/L  0.064 mg/L	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  0.0 lbs/day  18.8 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  10.4 lbs/day	mm below, unless water atted values (see instituted values (see instituted values)  (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  <5 mg/L  1.11 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)
°C 0.00	°C 0.00	A. Existing Sources — Fauthority (see instruction in the substruction in the substruct	Provide measuremen ons). Provide estimates for enumber of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  100.0lbs/day  100.0lbs/day  100.0lbs/day  200.0lbs/day	concentration  concen	Averavalue (inclusion)  Averavalue (inclusion)  Mass  0.0 lbs/day  18.8 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  10.4 lbs/day  0.60 lbs/day	mm below, unless water atted values (see instituted values (see instituted values)  (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  <5 mg/L  1.11 mg/L  0.064 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)
		A. Existing Sources — Fauthority (see instruction authority (see instruction in the see in	Provide measuremen ons). Provide estimates for enumber of measure  Mass  0.0 lbs/day  180.1lbs/da  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day  100.0lbs/day  100.0lbs/day  100.0lbs/day  200.0lbs/day	concentration  concen	Averavalue (inclusion)  Averavalue (inclusion)  Mass  0.0 lbs/day  18.8 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  10.4 lbs/day  0.60 lbs/day	mm below, unless water atted values (see instituted values (see instituted values)  (2) age Daily (last year) ide units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  <5 mg/L  1.11 mg/L  0.064 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)

\*If noncontact cooling water is discharged

1.00

V. Except for leaks or spills, will the discharge described in this form be intermittent or if yes, briefly describe the frequency of flow and duration.	
Outfall 002 is the unwatering sump. It runs on average 2.5hrs, pumps are rated at 7500 gallons per minute.	✓ Yes No
pumps are rated at 7500 gallons per minute.	/day, two pumps, 1 lead, 1 lag.
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
I. OTHER INFORMATION (Optional)	
Ise the space below to any 1	e reviewer any other in
Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary	e reviewer any other information you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	e reviewer any other information you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	e reviewer any other information you feel not possible at this outfall.
Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	e reviewer any other information you feel not possible at this outfall.
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Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.	e reviewer any other information you feel not possible at this outfall.
Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.  These pumps run when a unit is unwatered. A 24 hour composite was rab sample was taken instead of a composite sample.	e reviewer any other information you feel not possible at this outfall.
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Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.  These pumps run when a unit is unwatered. A 24 hour composite was cab sample was taken instead of a composite sample.  CERTIFICATION  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my content of the state of	not possible at this outfall. In a direction or supervision in accordance with a submitted. Based on my inquiry of the person or on, the information submitted is to the best of the submitting false information, including B. Phone No. (area code
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Use the space below to expand upon any of the above questions or to bring to the attention of the should be considered in establishing permit limitations. Attach additional sheets, if necessary.  These pumps run when a unit is unwatered. A 24 hour composite was rab sample was taken instead of a composite sample.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my contents and estimated to assure that qualified personnel properly gather and evaluate the information surely knowledge and belief, true, accurate, and complete. I am aware that there are significant penal ame & Official Title  Timothy R. Vail District Commander	not possible at this outfall. In a direction or supervision in accordance with a submitted. Based on my inquiry of the person or on, the information submitted is to the best of the submitting false information, including B. Phone No. (area code

FORM	unshaded areas only.	,	copy from Item 1 of For		rm Approved. OMB No proval expires 5-31-92	2040-0086.
2E   SEP/	A Facilitie	es Which Do	Not Dice			
NPDES		- Trinon D	2 MOLDISC	liarge Pro	cess Was	tewater
I. RECEIVING WATERS						
	For this outfall,	list the latitude and	longitude, and r	name of the rece	eiving water(s)	
Number (list)	Latitude	Longitude	Receiving Water (na	me)	water(s).	
Deg	Min Sec	Deg Min Sec	Snake River			
		.17.(25.0(54.0(				
II. DISCHARGE DATE (If a	new discharger, th	ne date you expect to be	egin dischargina)			
III. TYPE OF WASTE	03/01/19	75	3g/			
A. Check the box(es) indica	ating the general typ	De(s) of wastes dischar	ned.			
	Restaurant or	Cafeteria Wastes	✓ Nonconta	act Cooling Water	Other Nor Wastewate	process er ( <i>Identify</i> )
B. If any cooling water additi	ives are used, list tr	nem nere. Briefly descri	be their composition	if this information is	available.	
IV. EFFLUENT CHARACTER	RISTICS		A STATE OF THE STA			
A. Existing Sources — F	Provide measureme	ints for the parameters i				
authority (see instruction	1		Principles of the Control of the Con			
B. New Dischargers _ D	ons).	are parameters (	isted in the left-hand	column below, unle	ess waived by the pe	ermitting
B. New Dischargers — P authority. Instead of the	nns). Provide estimates for number of measur	r the parameters listed	isted in the left-hand in the left-hand colur the source of estima	nn below, unless wa	ess waived by the permitti	ermitting
authority. Instead of the	number of measur	r the parameters listed rements taken, provide (1)	in the left-hand colur the source of estima	nn below, unless wa ted values (see insti	ess waived by the partitions in the partition of the permitting functions.	ermitting
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authority. Instead of the  Pollutant or Parameter	number of measur	r the parameters listed rements taken, provide (1) Maximum	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	(3) Number of Measurements	(or) (4)
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authority. Instead of the  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)	number of measur	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	nived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4)
authority. Instead of the  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if	number of measur	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	nived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4)
Pollutant or Parameter  Pollutant or Parameter  sochemical Oxygen emand (BOD)  stal Suspended Solids (TSS)  scal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if sorine is used)	number of measur	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	nived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4)
authority. Instead of the  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if forine is used)  and Grease	number of measur	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	nived by the permitti ructions).  (3)  Number of Measurements Taken	ing
Pollutant or Parameter  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if forine is used)  and Grease	number of measur	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wa ted values (see instr (2) ge Daily last year) de units)	nived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4)
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authority. Instead of the  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if forine is used)  and Grease  memical oxygen demand (COD)  tal organic carbon (TOC)	Mass  Value	r the parameters listed rements taken, provide (1)  Maximum ally Value clude units)	in the left-hand colur the source of estima Avera Value ( (include) Mass	nn below, unless wated values (see instited values)  (2)  ge Daily last year) de units)  Concentration	Number of Measurements Taken (last year)	(or) (4)
Pollutant or Parameter  Pollutant or Parameter  iochemical Oxygen emand (BOD)  patal Suspended Solids (TSS)  recal Coliform (if believed present if sanitary waste is discharged)  tal Residual Chlorine (if forine is used)  and Grease  memical oxygen demand (COD)  tal organic carbon (TOC)  monia (as N)  charge Flow	Mass  Value	(1) Maximum ality Value clude units)  Concentration	in the left-hand colur the source of estima Avera Value ( (inclue	nn below, unless wated values (see instited values)  (2)  ge Daily last year) de units)  Concentration	nived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4)
Pollutant or Parameter  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  otal Residual Chlorine (if forine is used)  and Grease  memical oxygen demand (COD)  otal organic carbon (TOC)  monia (as N)  charge Flow	Mass  Value 2200	(1) Maximum ality Value clude units)  Concentration	in the left-hand colur the source of estima Avera Value ( (include) Mass	nn below, unless wated values (see instited values)  (2)  ge Daily last year) de units)  Concentration	Number of Measurements Taken (last year)	(or) (4)
Pollutant or Parameter  Pollutant or Parameter  iochemical Oxygen emand (BOD)  otal Suspended Solids (TSS)  ecal Coliform (if believed present if sanitary waste is discharged)  otal Residual Chlorine (if lorine is used)  and Grease  memical oxygen demand (COD)  otal organic carbon (TOC)  monia (as N)  charge Flow  (give range)	Mass  Value 2200	(1) Maximum ality Value clude units)  Concentration	in the left-hand colur the source of estima Avera Value ( (include) Mass	nn below, unless wated values (see instited values)  (2)  ge Daily last year) de units)  Concentration	Number of Measurements Taken (last year)	(or) (4)

V. Except for leaks or spills, will the discharge described in this form be intermittent or season. If yes, briefly describe the frequency of flow and duration.	✓ Yes	□ No
Outfall 003 is for the non-contact cooling water for Main Unit #1.	i res	LI No
This is a constant flow when unit is running.		
VI TOPATHENT CVOTERS (D. 11 1 1 1 1		
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)		
NA .		
		•
I. OTHER INFORMATION (Optional) Use the space below to expand upon any of the above received.		
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.	wer any other info	ormation you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.	wer any other info	ormation you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.		
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Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  attfalls 003-008 are substantially identical discharges of non-contact ain unit.		
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  attfalls 003-008 are substantially identical discharges of non-contact ain unit.	cooling wa	ter from each
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  attfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my direction to the standard designed to assure that qualified personnel properly gather and evaluate the information submitted by knowledge and belief, true accurate and complete laws persons belief or gathering the information, the	cooling wa	ter from each
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  attfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my direction at the content of the property gather and evaluate the information submitteen the possibility of fine and imprisonment for knowing violations.	cooling wa	ter from each
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  a in unit 1 was not running at time of sampling.  attfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my direction of the system designed to assure that qualified personnel properly gather and evaluate the information submittee the propers of the possibility of fine and imprisonment for knowing violations.  Calculate the attention of the review should be applied to the possibility of fine and imprisonment for knowing violations.	cooling wa	ter from each  in in accordance with inquiry of the person of the information, including a information, including a Phone No. (area co
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  utfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my direction are designed to assure that qualified personnel properly gather and evaluate the information, the possibility of fine and imprisonment for knowing violations.  Leading the possibility of fine and imprisonment for knowing violations.  Leading the space of the action of the review should be a standard to the possibility of fine and imprisonment for knowing violations.  Leading to the action of the review should be a sample of the review should be a standard to the review should be a sample of the review sample of the	on or supervision of Based on my te information subor submitting false	ter from each  in accordance with inquiry of the person of mitted is to the best of a information, including  3. Phone No. (area co
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  a in unit 1 was not running at time of sampling.  utfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my direction system designed to assure that qualified personnel properly gather and evaluate the information submitteners who manage the system, or those persons directly responsible for gathering the information, the possibility of fine and imprisonment for knowing violations.  Leme & Official Title  C. Timothy R. Vail District Commander	on or supervision of Based on my te information subor submitting false	ter from each  in in accordance with inquiry of the person of the information, including a information, including a Phone No. (area co
Use the space below to expand upon any of the above questions or to bring to the attention of the review should be considered in establishing permit limitations. Attach additional sheets, if necessary.  ain unit 1 was not running at time of sampling.  atfalls 003-008 are substantially identical discharges of non-contact ain unit.  CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under my direction of the content of the property gather and evaluate the information submittee the property of the possibility of fine and imprisonment for knowing violations.	cooling wa	ter from each  in accordance with inquiry of the person of mitted is to the best of a information, including  3. Phone No. (area co

The print of type in the	e unshaded areas only.	EPA ID Number	(copy from Item 1 of Fon		m Approved. OMB No	. 2040-0086.	
2E SEP	A Facilities	s Which D	o Not Disc		cess Wast		
I. RECEIVING WATER	s						
	For this outfall, lis	t the latitude an	d longitude, and				
Outfall	Latitude	Longitude	Receiving Water (na		iving water(s).		
Number (list)	- 100 -	eg Min Sec	Snake River	ime)			-
003 46.	0(39.0(28.0(11						
II. DISCHARGE DATE (I			,				
	03/01/1975	date you expect to b	pegin discharging)				
A Check the hex/set in the							20
A. Check the box(es) indi	cating the general type	(s) of wastes discha	rged.				
☐ Sanitary Wastes	☐ Restaurant or C	afeteria Wastes	☑ Nonconta	act Cooling Water	Other Non	process	
B. If any cooling water add	ditives are used, list the	m here. Briefly desc	cribe their composition	if this information is	available	er (Identify)	
V. EFFLUENT CHARACT	ERISTICS						
A. Existing Sources —     authority (see instruct     B. New Dischargers —	Provide measurement	uL				ermitting	
A. Existing Sources —     authority (see instruct     B. New Dischargers —	Provide measurement tions). Provide estimates for the number of measure Ma	the parameters lister ments taken, provide (1) ximum y Value	d in the left-hand colu e the source of estima Avera	mn below, unless wa ited values (see insti	aived by the permitt ructions).	ing	4)
A. Existing Sources — authority (see instruct     B. New Dischargers — authority. Instead of the search of th	Provide measurement tions). Provide estimates for the number of measure Ma	the parameters lister ments taken, provide (1) ximum y Value de units)	d in the left-hand colu e the source of estima Avera Value (inclu	mn below, unless wa ted values (see insti (2) age Daily (last year) de units)	aived by the permitt	(or) (	tima
A. Existing Sources — authority (see instruction in the see in th	Provide measurement tions). Provide estimates for the number of measure Ma Dail (inclu	the parameters listerments taken, provide (1) ximum y Value de units)  Concentration	d in the left-hand colu e the source of estima Avera Value (inclu	mn below, unless wated values (see instituted values)  (2) age Daily (last year) de units)  Concentration	(3) Number of Measurements Taken (last year)	(or) (	tima
A. Existing Sources — authority (see instruction in the see in the see instruction in the see in the see in the se	Provide measurement etions). Provide estimates for the number of measurement Man Dail (inclumass)  0.0 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L	d in the left-hand coluse the source of estima  Avera Value (inclu  Mass  0.0 lbs:/day	mn below, unless wated values (see instituted values (see instituted values)  (2) age Daily (last year) de units)  Concentration  <2 mg/L	(3) Number of Measurements Taken	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement etions). Provide estimates for the number of measurement Man Dail (inclument) Mass  0.0 lbs/day  1.3 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L	d in the left-hand coluse the source of estima  Avera Value (inclu  Mass  0.0 lbs/day  0.002lbs/day	mn below, unless wanted values (see instruction) (2) tige Daily (last year) de units)  Concentration  <2 mg/L	(3) Number of Measurements Taken (last year)	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement etions). Provide estimates for the number of measurement Man Dail (inclument) Mass  0.0 lbs/day  1.3 lbs/day  NA	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L  NA	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wated values (see instituted values (see instituted values)  (2) age Daily (last year) de units)  Concentration  <2 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of I  Pollutant or Parameter  Dechemical Oxygen amand (BOD)  tal Suspended Solids (TSS)  cal Coliform (if believed present is anitary waste is discharged) all Residual Chlorine (if prine is used)	Provide measurement ctions). Provide estimates for the number of measurement Man Dail (inclumant Mass)  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L	d in the left-hand coluse the source of estima  Avera Value (inclu  Mass  0.0 lbs/day  0.002lbs/day	mn below, unless wanted values (see instruction less wanted values)  (2)  1039e Daily (last year) 104 de units)  Concentration 105 concent	(3) Number of Measurements Taken (last year) 1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of I  Pollutant or Parameter  Dechemical Oxygen amand (BOD)  tal Suspended Solids (TSS)  cal Coliform (if believed present if sanitary waste is discharged, all Residual Chlorine (if porine is used)  and Grease	Provide measurement ctions). Provide estimates for the number of measurement discounties.  Mass  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L  NA	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wated values (see instituted values (see instituted values)  (2)  ge Daily (last year) de units)  Concentration  <2 mg/L  2.0 mg/L  NA	(3) Number of Measurements Taken (last year)  1.00  0.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of I  Pollutant or Parameter  Dechemical Oxygen amend (BOD)  tal Suspended Solids (TSS)  cal Coliform (if believed present f sanitary waste is discharged) all Residual Chlorine (if poine is used)  and Grease  emical oxygen demand (COD)	Provide measurement ctions). Provide estimates for the number of measurement discounties.  Mass  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  0.0 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wanted values (see instructed values (see instructed values)  (2)  ge Daily (last year) de units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L	(3) Number of Measurements Taken (last year)  1.00  0.00  1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of I  Pollutant or Parameter  Dechemical Oxygen amand (BOD)  tal Suspended Solids (TSS)  cal Coliform (if believed present is anitary waste is discharged) all Residual Chlorine (if porine is used)  and Grease  emical oxygen demand (COD)	Provide measurement ctions). Provide estimates for the number of measurement discounties.  Max Dail (incluing Mass)  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day  0.0 lbs/day	the parameters listerments taken, provider (1) ximum y Value de units)  Concentration <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L	d in the left-hand column the source of estimate the source of estim	mn below, unless wanted values (see instructed values (see instructed values)    Concentration     Concentration     2.0 mg/L     NA     <0.05 mg/L     <1 mg/L	(3) Number of Measurements Taken (last year)  1.00  0.00  1.00  1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement titions). Provide estimates for the number of measurement (inclumates)  Mass  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  4.99 lbs/day	the parameters listerments taken, provide  (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wanted values (see instructed values (see instructed values)    Concentration     Concentration     2.0 mg/L     NA     <0.05 mg/L     <1 mg/L     7.55 mg/L     1.72 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement ctions). Provide estimates for the number of measurement discounties.  Max Dail (incluidadd)  Mass  0.0 lbs/day  1.3 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  4.99 lbs/day  1.14 lbs/day	the parameters listerments taken, provider (1) ximum y Value de units)  Concentration <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wanted values (see instruction (see instruction)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement ctions). Provide estimates for the number of measurement line number of measuremen	the parameters listerments taken, provider (1) ximum y Value de units)  Concentration <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L  gpm	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wanted values (see instruction (see instruction)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (	tima
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the search of	Provide measurement ctions). Provide estimates for the number of measurement line number of measuremen	the parameters listerments taken, provider (1) ximum y Value de units)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L  gpm  8.00	d in the left-hand coluse the source of estimate the source of estim	mn below, unless wanted values (see instruction (see instruction)  Concentration  <2 mg/L  2.0 mg/L  NA  <0.05 mg/L  <1 mg/L  7.55 mg/L  1.72 mg/L  0.111 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (	tima
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If yes, briefly describe the frequency of flow and duration.	int or seasonal?
water is used to cool emergency diesal govern	☑ Yes ☐ No
River water is used to cool emergency diesel generator. On	average it is run for 1 hour eac
VIII TREATURE	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
OTHER INFORMATION (C. )	
I. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessar	of the reviewer can at a training
specific limitations. Attach additional sheets, if necessar	/.
se discharge from the emergency diesel generator is into the scharge for MU #1, outfall 003. There was not a way to samp	
scharge from the emergency diesel generator is into the scharge for MU #1, outfall 003. There was not a way to sampled separately.	le 003 with the
were sampled separately	oos with the combined flow so
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Topalacely.	
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z-raturely.	
CERTIFICATION	
CERTIFICATION Certify under penalty of law that this document and all attachments were prepared under	
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under persons who makes the total personnel property gather and evaluate the informations.	my direction or supervision in accordance with
CERTIFICATION  Pertify under penalty of law that this document and all attachments were prepared under processing the same as the processing of the personnel property gather and evaluate the information.	my direction or supervision in accordance with
CERTIFICATION  The retify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the information of the persons who manage the system, or those persons directly responsible for gathering the information of the possibility of fine and imprisonment for knowing violations.	my direction or supervision in accordance with a
CERTIFICATION  The retify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the information of the persons who manage the system, or those persons directly responsible for gathering the information of the possibility of fine and imprisonment for knowing violations.	my direction or supervision in accordance with a
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the information who manage the system, or those persons directly responsible for gathering the information of possibility of fine and imprisonment for knowing violations.  The second of	my direction or supervision in accordance with a n submitted. Based on my inquiry of the person or mation, the information submitted is to the best of senalties for submitting false information, including
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the information of the system, or those persons directly responsible for gathering the information of the property of the system, accurate, and complete. I am aware that there are significant property of fine and imprisonment for knowing violations.	my direction or supervision in accordance with a
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the informatic valuation who manage the system, or those persons directly responsible for gathering the information of the properly of time and imprisonment for knowing violations.  Timothy R. Vail District Commander	my direction or supervision in accordance with a submitted. Based on my inquiry of the person or mation, the information submitted is to the best of senalties for submitting false information, including B. Phone No. (area cod & no.)
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under instead designed to assure that qualified personnel properly gather and evaluate the information of the system, or those persons directly responsible for gathering the information of the possibility of fine and imprisonment for knowing violations.  Timothy R. Vail District Commander	my direction or supervision in accordance with a submitted. Based on my inquiry of the person or mation, the information submitted is to the best of benalties for submitting false information, including B. Phone No. (area cod & no.)  (509) 527-7700
CERTIFICATION  certify under penalty of law that this document and all attachments were prepared under stem designed to assure that qualified personnel properly gather and evaluate the information by knowledge and belief, true, accurate, and complete. I am aware that there are significant properly in the end of the possibility of fine and imprisonment for knowing violations.  Timothy R. Vail District Commander  Inature	my direction or supervision in accordance with a submitted. Based on my inquiry of the person or mation, the information submitted is to the best of senalties for submitting false information, including B. Phone No. (area cod & no.)
CERTIFICATION  Certify under penalty of law that this document and all attachments were prepared under instead designed to assure that qualified personnel properly gather and evaluate the information of the system, or those persons directly responsible for gathering the information of the possibility of fine and imprisonment for knowing violations.  Timothy R. Vail District Commander	my direction or supervision in accordance with a submitted. Based on my inquiry of the person or mation, the information submitted is to the best of benalties for submitting false information, including B. Phone No. (area cod & no.)  (509) 527-7700

FORM	e unshaded areas only.		r (copy from Item 1 of Fo	Ap	orm Approved. OMB No oproval expires 5-31-92	
2E SEP	A Facilitie	s Which D	O Not Disc	harge Dro	0000 11/-	
NPDES  I. RECEIVING WATER	e l			ridige i io	cess was	tewater
- SERVICE WATER						
Outfall	For this outfall, list	st the latitude ar	nd longitude, and	name of the rece	eiving water(s).	
Number (list)	Lautuge	Longitude	Receiving Water (na	ame)		
De	g Min Sec D	eg Min Sec	Snake River			
004 46.	0(39.0(28.0(11	7.(25.0(54.0	d		-	
II. DISCHARGE DATE (If	a new discharger, the	date you expect to	l begin discharging)			
III. TYPE OF WASTE	03/01/197	5	0 3,			
A. Check the box(es) indic	cating the general type	(s) of wastes discha	ara ad			
Prom.			irged.			
- caritary wastes	Restaurant or C	afeteria Wastes	☑ Nonconta	act Cooling Water	Other Non	process er (Identify)
B. If any cooling water add	litives are used, list the	em here. Briefly desc	cribe their composition	n if this information is	s available	ei ( <i>identity)</i>
V. EFFLUENT CHARACTE  A. Existing Sources —	Provide measuremen	ts for the parameter				
A. Existing Sources —     authority (see instruct      B. New Dischargers	Provide measurementions).	ts for the parameters the parameters liste ments taken, provide	s listed in the left-hand d in the left-hand colu e the source of estima	d column below, unless wated values (see inst	ess waived by the permitti	ermitting
A. Existing Sources — authority (see instruct     B. New Dischargers — authority. Instead of the Pollutant or	Provide measurementions). Provide estimates for the number of measure  Ma	the parameters liste ments taken, provid (1) ximum y Value	d in the left-hand colu e the source of estima Avera	mn below, unless wated values (see inst	aived by the permitti	ing
A. Existing Sources — authority (see instruct     B. New Dischargers — authority. Instead of the second secon	Provide measurementions). Provide estimates for the number of measure  Machael	the parameters listements taken, providents taken, provide	d in the left-hand colu e the source of estima Avera Value	mn below, unless wated values (see inst	aived by the permitti ructions).  (3)  Number of	(or) (4)
A. Existing Sources — authority (see instruct     B. New Dischargers — authority. Instead of the Pollutant or Parameter  Pothemical Oxygen	Provide measurementions). Provide estimates for the number of measure  Machine Mass	the parameters listements taken, provided (1) ximum y Value de units)  Concentration	d in the left-hand colu e the source of estima Avera Value	mn below, unless wated values (see instance) (2) age Daily (last year)	aived by the permitti tructions).	(or) (4)
A. Existing Sources — authority (see instruction in the second of the se	Provide measurementions). Provide estimates for the number of measure  Management of Mass  Mass  141.81bs/day	the parameters listements taken, provided (1) ximum y Value de units)  Concentration 9.84 mg/L	d in the left-hand colu e the source of estima Avera Value (inclu	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration	aived by the permitti ructions).  (3)  Number of Measurements Taken	(or) (4) Source of Estimat
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter  Pothemical Oxygen mand (BOD)  al Suspended Solids (TSS)	Provide measurementions). Provide estimates for the number of measure  Mai (incluided)  Mass  141.81bs/day  72.1 lbs/day	the parameters listements taken, provided (1) ximum y Value de units)  Concentration 9.84 mg/L	d in the left-hand colue the source of estima  Avera Value (inclu	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration 9.84 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4) Source of Estimat
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the second of	Provide measurementions). Provide estimates for the number of measure  Mai (incluided)  Mass  141.81bs/day  72.1 lbs/day	the parameters listements taken, provided (1) ximum y Value de units) Concentration 9.84 mg/L	d in the left-hand colue the source of estimal  Avera Value (inclu  Mass  141.81bs/day	mn below, unless wated values (see instance)  (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4) Source of Estimat
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the second of	Provide measurementions). Provide estimates for the number of measure  Mai (incluided)  Mass  141.81bs/day  72.1 lbs/day	the parameters listements taken, provided (1) ximum y Value de units) Concentration 9.84 mg/L 5.0 mg/L	Avera Value (inclu  Mass  141.81bs/day  72.1 lbs/day  NA	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA	(3)  Number of Measurements Taken (last year)  1.00  0.00	(or) (4) Source of Estimat
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter  Achemical Oxygen mand (BOD)  all Suspended Solids (TSS)  cal Coliform (if believed present if sanitary waste is discharged) all Residual Chlorine (if prine is used)	Provide measurementions). Provide estimates for the number of measure  Mai (incluid)  Mass  141.81bs/day  72.1 lbs/day  NA	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L	(3)  Number of Measurements Taken (last year)  1.00  0.00  1.00	(or) (4)
A. Existing Sources — authority (see instruct     B. New Dischargers — authority. Instead of the Pollutant or	Provide measurementions). Provide estimates for the number of measure  Mai (incluide Mass)  141.8lbs/day  72.1 lbs/day  NA  0.0 lbs/day	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L	Avera Value (inclu Mass 141.81bs/day 72.1 1bs/day NA 0.0 1bs/day 0.0 1bs/day	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L	(3)  Number of Measurements Taken (last year)  1.00  0.00	(or) (4)
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter  pochemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed present if sanitary waste is discharged) al Residual Chlorine (if prine is used)  and Grease  emical oxygen demand (COD)	Provide measurementions). Provide estimates for the number of measure  Manual Mass  141.8lbs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  141.81bs/day  72.1 1bs/day  NA  0.0 1bs/day  0.0 1bs/day  292.61bs/day	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L	(3)  Number of Measurements Taken (last year)  1.00  0.00  1.00	(or) (4) Source of Estimat
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter  Schemical Oxygen mand (BOD)  all Suspended Solids (TSS)  all Coliform (if believed present of sanitary waste is discharged) all Residual Chlorine (if prine is used) and Grease  emical oxygen demand (COD) all organic carbon (TOC)	Provide measurementions). Provide estimates for the number of measure  Mass  141.8lbs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.6lbs/day  65.6 lbs/day	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.61bs/day  65.6 lbs/day	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00	(or) (4)
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the Pollutant or Parameter  Pochemical Oxygen mand (BOD)  all Suspended Solids (TSS)  all Coliform (if believed present) f sanitary waste is discharged) all Residual Chlorine (if prine is used) and Grease  emical oxygen demand (COD) all organic carbon (TOC)  sonia (as N)	Provide measurementions). Provide estimates for the number of measure  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.61bs/day  65.6 lbs/day  Value	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mg/L	Averavalue the source of estimate the source	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mgL	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00	(or) (4)
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the  Pollutant or Parameter  Pochemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed present francier sused)  al Residual Chlorine (if the prince is used)  and Grease  emical oxygen demand (COD)  al organic carbon (TOC)  conia (as N)  harge Flow	Provide measurementions). Provide estimates for the number of measure  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.61bs/day  65.6 lbs/day  2.44 lbs/day  Value  1200	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mg/L  gpm	Averavalue (inclustrate)  Averavalue (inclustrate)  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.61bs/day  65.6 lbs/day	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mgL	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00	ing
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of the  Pollutant or Parameter  Cochemical Oxygen mand (BOD)  Cal Suspended Solids (TSS)  Cal Coliform (if believed present of sanitary waste is discharged)  Cal Residual Chlorine (if corne is used)  Cal Grease  Cal Oxygen demand (COD)	Provide measurementions). Provide estimates for the number of measure  Mass  141.8lbs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.6lbs/day  65.6 lbs/day  Value  1200	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mg/L  gpm	Averavalue the source of estimate the source	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mgL	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)
A. Existing Sources— authority (see instruct B. New Dischargers— authority. Instead of th  Pollutant or Parameter  Dechemical Oxygen mand (BOD)  al Suspended Solids (TSS)  cal Coliform (if believed present if sanitary waste is discharged) al Residual Chlorine (if prine is used)  and Grease	Provide measurementions). Provide estimates for the number of measure  Mass  141.81bs/day  72.1 lbs/day  NA  0.0 lbs/day  0.0 lbs/day  292.61bs/day  65.6 lbs/day  2.44 lbs/day  Value  1200	the parameters listements taken, provided (1) ximum y Value de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mg/L  gpm	Averavalue the source of estimate the source	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  9.84 mg/L  5.0 mg/L  NA  <0.05 mg/L  <1 mg/L  20.3 mg/L  4.55 mg/L  0.169 mgL	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4)

If yes, briefly describe the frequency of flow and duration.	☑ Yes ☐ No
Outfall 004 is for the non-contact cooling water for Main Unit #2.	
This is a constant flow when unit is running.	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the review of the considered in catalytic in the catalyt	
should be considered in establishing permit limitations. Attach additional sheets, if necessary.	ewer any other information you feel
NA	
III. CEPTISICATION	
I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information submit persons who manage the system, or those persons directly responsible for gathering the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties	tted. Based on my inquiry of the person of
I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information submit persons who manage the system, or those persons directly responsible for gathering the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.	tted. Based on my inquiry of the person of the information submitted is to the best of for submitting false information, including
I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information submit persons who manage the system, or those persons directly responsible for gathering the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.  Name & Official Title	tted. Based on my inquiry of the person of the information submitted is to the best of for submitting false information, including B. Phone No. (area cod & no.)
persons who manage the system, or those persons directly responsible for gathering the information, in my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.  Name & Official Title  TC Timothy R. Vail District Commander	tted. Based on my inquiry of the person of the information submitted is to the best of for submitting false information, including B. Phone No. (area coo
I certify under penalty of law that this document and all attachments were prepared under my direct system designed to assure that qualified personnel properly gather and evaluate the information submit persons who manage the system, or those persons directly responsible for gathering the information, my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties the possibility of fine and imprisonment for knowing violations.  Name & Official Title	tted. Based on my inquiry of the person of the information submitted is to the best of for submitting false information, including B. Phone No. (area cod & no.)

FORM	he unshaded areas only.		(copy from Item 1 of For	Ap	rm Approved. OMB No proval expires 5-31-92	
2E SEI	PA Facilities	s Which D	o Not Disc	harge Pro	cess Was	tewater
I. RECEIVING WATER	RS					
	For this outfall, lis	t the latitude an	d longitude, and			
Outfall Number (% 0)	Latitude	Longitude	Receiving Water (na		eiving water(s).	
Number (list)	00 18 0	eg Min Sec		ame)		
005 46	.0(39.0(29.0(11		Snake River			
II. DISCHARGE DATE		date you expect to				
III. TYPE OF WASTE	00, 01, 19,					
A. Check the box(es) inc	licating the general type	(s) of wastes discha	raed			
☐ Sanitary Wastes	Elleren .					
	Restaurant or Ca	afeteria Wastes	☑ Nonconta	act Cooling Water	Other Nor Wastewate	nprocess er (Identify)
B. If any cooling water ac	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	m here. Briefly desc	cribe their composition	n if this information is	available.	
V. FEELLIENT CHARACT	- PAGE					
Existing Sources -     authority (see instru     New Dischargers	Provide measurement					ermitting
A. Existing Sources - authority (see instru     B. New Dischargers	Provide measurement ctions).      Provide estimates for the number of measurer      Ma	he parameters listements taken, providents taken, providents (1) ximum y Value	d in the left-hand colu e the source of estima Avera Value	mn below, unless wa ated values (see insti- (2) age Daily (last year)	nived by the permitt ructions).  (3)  Number of	ermitting ing (or) (4)
A. Existing Sources – authority (see instru     B. New Dischargers – authority. Instead of      Pollutant or Parameter	Provide measurement ctions).      Provide estimates for the number of measurer      Ma	he parameters listements taken, providents (1) ximum	d in the left-hand colu e the source of estima Avera Value	mn below, unless wated values (see institute) (2) age Daily (last year) de units)	aived by the permitt ructions).	(or) (4)
A. Existing Sources – authority (see instru     B. New Dischargers – authority. Instead of      Pollutant or Parameter  Chemical Oxygen	Provide measurement ctions).  Provide estimates for the number of measurer  Ma Dail (inclu)	the parameters listements taken, providents take	d in the left-hand colu e the source of estima Avera Value (inclu	mn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration	(3) Number of Measurements Taken (last year)	(or) (4) Source of Estimat
A. Existing Sources - authority (see instru B. New Dischargers - authority. Instead of  Pollutant or Parameter  Schemical Oxygen mand (BOD)	— Provide measurement ctions).  — Provide estimates for the number of measurer  Ma Daily (inclu) Mass	the parameters listements taken, provided (1)  ximum y Value de units)  Concentration  5.76 mg/L	d in the left-hand colue the source of estima  Avera Value (inclu Mass  83.0 lbs/day	mn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration  5.76 mg/L	(3) Number of Measurements Taken	(or) (4)
A. Existing Sources - authority (see instru B. New Dischargers - authority. Instead of  Pollutant or Parameter  Achemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed present	Provide measurement ctions).  Provide estimates for the number of measurer  Man Daily (inclumates)  Mass  83.0 lbs/day  28.82lbs/day	the parameters listements taken, provided (1)  ximum y Value de units)  Concentration  5.76 mg/L  2 mg/L	d in the left-hand colue the source of estima  Avera Value (inclu  Mass  83.0 lbs/day  28.82lbs/day	mn below, unless wated values (see instituted values) (2) age Daily (last year) de units)  Concentration  5.76 mg/L	(3) Number of Measurements Taken (last year)	(or) (4)
A. Existing Sources – authority (see instru  B. New Dischargers – authority. Instead of  Pollutant or Parameter  Chemical Oxygen mand (BOD)  al Suspended Solids (TSS)  cal Coliform (if believed prese is sanitary waste is discharged at Residual Chloring (if	Provide measurement ctions).  Provide estimates for the number of measurer Maa Daily (inclumass).  83.0 lbs/day  28.82lbs/day  NA	the parameters listements taken, provided (1)  ximum y Value de units)  Concentration  5.76 mg/L  2 mg/L  NA	d in the left-hand colue the source of estima  Avera Value (inclu  Mass  83.0 lbs/day  28.82lbs/day  NA	mn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration  5.76 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4)
A. Existing Sources - authority (see instru B. New Dischargers - authority. Instead of  Pollutant or Parameter  Achemical Oxygen mand (BOD)  al Suspended Solids (TSS)  cal Coliform (if believed prese if sanitary waste is discharged al Residual Chlorine (if wrine is used)	Provide measurement ctions).  Provide estimates for the number of measurer measurer mass mass mass mass mass mass mass mas	the parameters listements taken, provided (1)  (1)  (1)  (2)  (3)  (4)  (4)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (1)  (1)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (1)  (1)  (1	d in the left-hand colue the source of estima  Avera Value (inclu  Mass  83.0 lbs/day  28.82lbs/day  NA  0.0 lbs/day	mn below, unless wated values (see institute) (2) age Daily (last year) de units)  Concentration  5.76 mg/L  2 mg/L	(3) Number of Measurements Taken (last year) 1.00	(or) (4)
A. Existing Sources - authority (see instru B. New Dischargers - authority. Instead of  Pollutant or Parameter  Achemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed prese is sanitary waste is discharged al Residual Chlorine (if arine is used)  and Grease	Provide measurement ctions).  Provide estimates for the number of measurer measurer measurer mass.  Max Daily (inclumass)  83.0 lbs/day  28.82lbs/day  NA  0.0 lbs/day  0.0 lbs/day	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (9)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (1)  (1)  (1)  (2)  (1)  (2)  (2)  (3)  (4)  (5)  (6)  (7)  (7)  (7)  (8)  (9)  (9)  (9)  (9)  (9)  (9)  (9	d in the left-hand colue the source of estimal  Avera Value (inclue)  Mass  83.0 lbs/day  28.82lbs/day  NA  0.0 lbs/day  0.0 lbs/day	mn below, unless wated values (see institute) (2) age Daily (last year) ide units)  Concentration  5.76 mg/L  2 mg/L  NA	(3) Number of Measurements Taken (last year) 1.00 1.00 0.00	(or) (4) Source of Estimat
A. Existing Sources – authority (see instru B. New Dischargers – authority. Instead of  Pollutant or Parameter  Achemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed preses a sanitary waste is discharged at Residual Chlorine (if wine is used)  and Grease  emical oxygen demand (COD)	Provide measurement ctions).  Provide estimates for the number of measurer measurer measurer mass.  Manual Mass.  83.0 lbs/day.  28.82lbs/day.  NA  0.0 lbs/day.  0.0 lbs/day.  206.1lbs/day.	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (9)  (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand colue the source of estimate the source of estima	mn below, unless wated values (see instance)  (2) age Daily (last year) de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L	(3) Number of Measurements Taken (last year) 1.00 1.00 1.00	(or) (4) Source of Estimat
A. Existing Sources - authority (see instru B. New Dischargers - authority. Instead of  Pollutant or Parameter  Chemical Oxygen mand (BOD)  al Suspended Solids (TSS)  al Coliform (if believed prese if sanitary waste is discharged al Residual Chlorine (if arine is used)  and Grease  emical oxygen demand (COD al organic carbon (TOC)	Provide measurement ctions).  Provide estimates for the number of measurer measurer measurer measurer mass.  Max Daily (inclusion measurer	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (8)  (9)  (1)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand column the left column the source of estimate the	mn below, unless wated values (see instance)  (2) age Daily (last year) de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L  <1 mg/L	(3) Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00	(or) (4) Source of Estimat
A. Existing Sources – authority (see instru  B. New Dischargers – authority. Instead of Pollutant or Parameter  Cochemical Oxygen mand (BOD)  Cal Suspended Solids (TSS)  Cal Coliform (if believed prese of sanitary waste is discharged all Residual Chlorine (if brine is used)  and Grease  emical oxygen demand (COD)  all organic carbon (TOC)	Provide measurement ctions).  Provide estimates for the number of measurer the number of measurer mass.  Manual Mass.  83.0 lbs/day.  28.82lbs/day.  NA.  0.0 lbs/day.  0.0 lbs/day.  206.1lbs/day.  48.13lbs/day.  1.71 lbs/day.  Value.	the parameters listements taken, provided (1)  (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand colue the source of estimate the source of estima	mn below, unless wated values (see instance) (2) age Daily (last year) de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L  <1 mg/L  14.3 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00	(or) (4) Source of Estimat
A. Existing Sources – authority (see instru  B. New Dischargers – authority. Instead of Pollutant or Parameter  Cochemical Oxygen mand (BOD)  Cal Suspended Solids (TSS)  Cal Coliform (if believed prese of sanitary waste is discharged all Residual Chlorine (if brine is used)  and Grease  Period oxygen demand (COD)  all organic carbon (TOC)  Inonia (as N)  Inarge Flow	Provide measurement ctions).  Provide estimates for the number of measurer	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (2)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (1)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand column the left column the source of estimate the	mn below, unless wated values (see instance) (2) (2) (age Daily (last year) (de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L  <1 mg/L  14.3 mg/L  3.34 mg/L  0.119 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4) Source of Estimat
authority. Instead of  Pollutant or Parameter  Dechemical Oxygen Inmand (BOD)  tal Suspended Solids (TSS)  cal Coliform (if believed prese if sanitary waste is discharged al Residual Chlorine (if prine is used)  and Grease  emical oxygen demand (COD al organic carbon (TOC)  monia (as N)  marge Flow  live range)	Provide measurement ctions).  Provide estimates for the number of measurer the number of measurer Mass  83.0 lbs/day  28.82lbs/day  NA  0.0 lbs/day  0.0 lbs/day  206.1lbs/day  48.13lbs/day  1.71 lbs/day  Value  1200	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (2)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (1)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand column the source of estimate the source of estim	mn below, unless wated values (see instance) (2) (2) (age Daily (last year) (de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L  <1 mg/L  14.3 mg/L  3.34 mg/L  0.119 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	ing
A. Existing Sources – authority (see instru  B. New Dischargers – authority. Instead of Pollutant or Parameter  Cochemical Oxygen emand (BOD)  Ital Suspended Solids (TSS)  Cal Coliform (if believed prese of sanitary waste is discharged at Residual Chlorine (if prine is used)  and Grease  emical oxygen demand (COD)  al organic carbon (TOC)  monia (as N)  marge Flow	Provide measurement ctions).  Provide estimates for the number of measurer	the parameters listements taken, provided (1)  (1)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (9)  (1)  (1)  (1)  (2)  (1)  (2)  (2)  (3)  (4)  (5)  (5)  (6)  (7)  (7)  (8)  (9)  (1)  (1)  (1)  (1)  (1)  (1)  (1	d in the left-hand column the source of estimate the source of estim	mn below, unless wated values (see instance) (2) (2) (age Daily (last year) (de units)  Concentration  5.76 mg/L  2 mg/L  NA  <0.05 mg/L  <1 mg/L  14.3 mg/L  3.34 mg/L  0.119 mg/L	(3)  Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	(or) (4) Source of Estimat

If yes, briefly describe the frequency of flow and duration.	or seasonal?	☑ Yes	□ No
Outfall 005 is for the non-contact cooling water for Main Uni	t #3.		
This is a constant flow when unit is runnig.			
I. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)			
A			
Use the space below to expand upon any of the above questions or to bring to the attention	of the reviewer a	any other inf	formation you feel
I. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	of the reviewer a	any other inf	formation you feel
Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	of the reviewer a	any other inf	formation you feel
Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	of the reviewer a	any other inf	formation you feel
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Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	of the reviewer a	any other inf	formation you feel
Use the space below to expand upon any of the above questions or to bring to the attention should be considered in establishing permit limitations. Attach additional sheets, if necessary	y.		
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SEPA   Facilities   Which Do Not Discharge   Property	ceiving water(s	i).
For this outfall, list the latitude and longitude, and name of the respondence of the res	ceiving water(s	i).
Number (list)  Deg Min Sec Deg Min Sec Snake River  006  46.0( 39.0( 30.0( 117.( 25.0( 51.0(	Other	
Number (list)  Deg Min Sec Deg Min Sec Snake River  1. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)  03/01/1975  A. Check the box(es) indicating the general type(s) of wastes discharged.  Receiving Water (name)  Snake River  1. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)  03/01/1975  A. Check the box(es) indicating the general type(s) of wastes discharged.	Other	
Deg Min Sec Deg Min Sec Snake River  1. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)  1. TYPE OF WASTE  2. Check the box(es) indicating the general type(s) of wastes discharged.  2. Restaurant or Cafeteria Wastes	Other I	Morpho
I. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 03/01/1975  II. TYPE OF WASTE  A. Check the box(es) indicating the general type(s) of wastes discharged.  Restaurant or Cafeteria Wastes	Other I	Morpho
I. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 03/01/1975  II. TYPE OF WASTE  A. Check the box(es) indicating the general type(s) of wastes discharged.  Sanitary Wastes  Restaurant or Cafeteria Wastes	Other I Waste	Morphy
A. Check the box(es) indicating the general type(s) of wastes discharged.  Sanitary Wastes  Restaurant or Cafeteria Wastes	Other I Waste	Morpho
A. Check the box(es) indicating the general type(s) of wastes discharged.  Sanitary Wastes  Restaurant or Cafeteria Wastes	Other I	Monare
☐ Sanitary Wastes ☐ Restaurant or Cafeteria Wastes ☐ Noncontact Cooling With	Other I	Vonness
Restaurant or Cafeteria Wastes	Other I Wastev	Vonness
3. If any cooling water additives are used, list them here. Briefly describe their composition if this information	⊔ Waste	volibrocess
A source composition it this information		water (Identify)
	is available.	
EFFLUENT CHARACTERISTICS		
Existing Sources — Provide measurements for the parameters listed in the left-hand column below, to authority (see instructions).  New Piece.		
B. Now Disabases 2	nless waived by th	e permitting
B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless authority. Instead of the number of measurements taken, provide the source of estimated values (see it)	waived by the per	mittina
(1)	structions).	3
Pollutant or Maximum Average Daily Parameter Daily Value Value Value (2)	(3)	(or) (4)
Parameter (include units) Value (last year) (include units)	Number of	f
Mass Constall	Measuremer Taken	nts Source of Estim
	(last year)	
hemical Oxygen Concentration	1	<b>I</b>
chemical Oxygen and (BOD)		
Shemical Oxygen and (BOD)  I Suspended Solids (TSS)		
themical Oxygen and (BOD)  I Suspended Solids (TSS)  I Coliform (if believed present sanitary waste is discharged)  Residual Chlorine (if		
I Suspended Solids (TSS)  I Coliform (If believed present sanitary waste is discharged)  Residual Chlorine (If ine is used)		
chemical Oxygen nand (BOD)  Il Suspended Solids (TSS)  al Coliform (if believed present sanitary waste is discharged)  Il Residual Chlorine (if ine is used)		
chemical Oxygen hand (BOD)  Il Suspended Solids (TSS)  Il Coliform (if believed present sanitary waste is discharged)  Il Residual Chlorine (if ine is used)		
Shemical Oxygen and (BOD)  I Suspended Solids (TSS)  I Coliform (if believed present sanitary waste is discharged)  Residual Chlorine (if ine is used)		
hemical Oxygen and (BOD)  I Suspended Solids (TSS)  I Coliform (if believed present sanitary waste is discharged)  Residual Chlorine (if ine is used)  ad Grease  Inical oxygen demand (COD)		
hemical Oxygen and (BOD)  Suspended Solids (TSS)  Coliform (if believed present senitary waste is discharged)  Residual Chlorine (if ine is used)  Ind Grease  Inical oxygen demand (COD)  organic carbon (TOC)  Inia (as N)  Value  1200 CDM		
hemical Oxygen and (BOD)  Suspended Solids (TSS)  Coliform (If believed present senitary waste is discharged)  Residual Chlorine (if ine is used)  d Grease  nical oxygen demand (COD)  organic carbon (TOC)	0.00	
hemical Oxygen and (BOD)  Suspended Solids (TSS)  Coliform (if believed present tenitary waste is discharged)  Residual Chlorine (if the lie used)  d Grease  nical oxygen demand (COD)  organic carbon (TOC)  nia (as N)  Value  1200 GPM  1.728 MGD	0.00	
nemical Oxygen and (BOD)  Suspended Solids (TSS)  Coliform (if believed present anitary waste is discharged)  Residual Chlorine (if ne is used)  d Grease  nical oxygen demand (COD)  organic carbon (TOC)  nia (as N)  Value  1200 GPM  1.728 MGD  rature (Winter)	0.00	

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?	es 🗆 No
If yes, briefly describe the frequency of flow and duration.	
Outfall 006 is for the non-contact cooling water for Main Unit #4.	
This is a constant flow when unit is running.	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA NA	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of the space below to expand upon any of the space below to expand the space below to expand upon any of the space below to expand the s	ther information you feel
should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
Main unit #4 was not running at time of sampling.	
VIII. CERTIFICATION	
I satisfy under populty of law that this document and all attachments were prepared under my direction or st	upervision in accordance with a
I certify under penalty of law that this document and all attachments were prepared under my direction or su system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the information are considered to the system.	nation submitted is to the best of
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the information was knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submit	nation submitted is to the best of
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base	nation submitted is to the best of itting false information, including  B. Phone No. (area code
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.	nation submitted is to the best of itting false information, including
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.  A. Name & Official Title	B. Phone No. (area code & no.)
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.  A. Name & Official Title  LTC Timothy R. Vail District Commander	B. Phone No. (area code & no.) (509) 527-7700
system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.  A. Name & Official Title  LTC Timothy R. Vail District Commander	B. Phone No. (area code & no.) (509) 527-7700

Please print or type in	the unshad	led areas only.		EPA ID N	lumber (co	ppy from	Item 1 of Form 1)			oved. OMB No. 2041 expires 5-31-92.	)-0086.
FORM	44.		es V	Vhic	h Do	No.	t Discha	arg	ge Proces	s Wastev	water
I. RECEIVING WATE	ERS										
	Fort	this outfall,	list the	e latitu	de and	longit	tude, and na	me	of the receiving	water(s).	
Outfall	Lati	itude	L	ongitude	9	Receiv	ing Water (nam	e)			
Number (list)	Deg M	/lin Sec	Deg	Min	Sec	Snak	e River				
007 4	16.00 39	31.00	117.(	25.00	51.00						
II. DISCHARGE DAT	E (If a nev	w discharger, 03/01/1		e you ex	pect to b	egin dis	scharging)				
III. TYPE OF WASTE											
A. Check the box(es)	indicating	the general	type(s)	of waste	s discha	rged.					
│	, <b></b>	Restaurant	or Cafe	teria Wa	stes		☑ Nonconta	ct C	ooling Water	Other Nonpr Wastewater	
B. If any cooling wate	r additives	s are used, li	st them I	here. Br	etly desc	cribe the	eir composition	ir tni	is information is ava	япаріе.	
IV. EFFLUENT CHAR	9.99-00-000-00-00-00-00-00-00-00-00-00-00-								Monage		
A. Existing Source     authority (see it     B. New Discharge     authority. Instead	nstruction. ers — Pro	s). ovide estimat	es for th	e param	neters list	ed in th	ne left-hand colu	ımn		ed by the permittinctions).	ng
Pollutant or Parameter			Max Daily	imum Value le units)			Value	rage (las	Daily t year) units)	Number of Measurements	Source of Estimate
		Mass	3	Con	centration		Mass		Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)											
Total Suspended Solids (	(TSS)									2	
Fecal Coliform (if believe or if sanitary waste is disc	d present charged)								-		
Total Residual Chlorine ( chlorine is used)	îif					,		1			
Oil and Grease								_			
*Chemical oxygen deman	nd (COD)							1	Adelande		
*Total organic carbon (TC	OC)						-	1			
Ammonia (as N)											
Discharge Flow		Value	1200	GPM			1.7	28	MGD	0.00	
pH (give range)		Value							×		
Temperature (Winter)						°C	4		°C		
Temperature (Summer)						°C			°C		
*If noncontact cooling wa	ter is disch:	arned									

V. Except for leaks or spills, will the discharge described in this form be intermittent o If yes, briefly describe the frequency of flow and duration.	or seasonal?  ☑ Yes □ No
Outfall 007 is for the non-contact cooling water for Main Unit	t #5.
This is a constant flow when unit is running.	
IIIIS IS a compense 2200 mars	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention	n of the reviewer any other information you feel
should be considered in establishing permit limitations. Attach additional sheets, if necessar	ary.
Main unit #5 was not running at time of sampling.	
VIII. CERTIFICATION	
	nder my direction or supervision in accordance with a
system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.	information, the information submitted is to the best of
A. Name & Official Title	B. Phone No. (area code
LTC Timothy R. Vail District Commander	& no.) (509) 527-7700
C. Signature	D. Date Signed
O. Orginature	

					EPA ID I	lumber (co	ppy from Item 1 or	Form 1)	Form App	proved. OMB No. 2040	0-0086.
Please print or type in t	the unsh	aded ar	eas only.						Approval	expires 5-31-92.	
PORM 2E SEI	PA	Fa	ciliti	es V	Vhic	h Do	Not Di	scha	rge Proces	ss Wastev	vater
I. RECEIVING WATE	RS										
	Fo	r this	outfall,	list th	e latitu	de and	longitude, a	nd nam	ne of the receivin	g water(s).	
Outfall	L	atitude		L	ongitud	е	Receiving Wate	er (name)	)		
Number (list)	Deg	Min	Sec	Deg	Min		Snake Riv	er			
		39.00	32.00	117.(	25.00						
II. DISCHARGE DATE	(If a n		charger, 3/01/1		e you ex	pect to b	egin dischargin	3)			
III.TYPE OF WASTE											
A. Check the box(es) i	indicati	ng the g	general	type(s)	of waste	s dischar	ged.				
☐ Sanitary Wastes	[	☐ Res	staurant	or Cafe	teria Wa	ıstes	☑ No	ncontact	Cooling Water	Other Nonpro  Wastewater	
V. EFFLUENT CHARA  A. Existing Source authority (see in  B. New Discharge authority. Instead	es — P structio	Provide ons).	measur	es for th	e param	eters list	ed in the left-ha	nd colum		ved by the permittin	
danony, motor	u 01 ii.ic	1.0			1)				2)	T T	(ad (4)
Pollutant or					mum Value		4	Average Daily Value (last year)		Number of	(or) (4)
Parameter			Mone		Concentration		Mar	(include units)		Measurements Taken	Source of Estimate (if new discharger)
Biochemical Oxygen			Mass		COII	centration	Mas	3	Concentration	(last year)	
Demand (BOD)		-								<del> </del>	
otal Suspended Solids (T		•									
or if sanitary waste is disch otal Residual Chlorine (if	harged)	-									
chlorine is used)							-				
Oil and Grease						_					
Chemical oxygen demand	d (COD)					-					
Total organic carbon (TO	C)										
Ammonia (as N)							, .			***************************************	
ischarge Flow		Valu	e 	1200	GPM			1.728	8 MGD	0.00	
H (give range)		Value	e 					***************************************			
emperature (Winter)							°C		°C		
emperature (Summer)							°C		°C		
f noncontact cooling water	r is disc	harned									

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?  If yes, briefly describe the frequency of flow and duration.	Yes No
Outfall 008 is for the non-contact cooling water for Main Unit #6.	
This is a constant flow when unit is running.	
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA NA	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any of	ther information you feel
should be considered in establishing permit limitations. Attach additional sheets, if necessary.	
Main Unit #6 was not running at time of sampling.	
VIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or st system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for subm	ed on my inquiry of the person or nation submitted is to the best of
I certify under penalty of law that this document and all attachments were prepared under my direction or su system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform	ed on my inquiry of the person or nation submitted is to the best of
I certify under penalty of law that this document and all attachments were prepared under my direction or st system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.	nd on my inquiry of the person or nation submitted is to the best of itting false information, including
I certify under penalty of law that this document and all attachments were prepared under my direction or st system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the inform my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.  A. Name & Official Title	d on my inquiry of the person or nation submitted is to the best of itting false information, including  B. Phone No. (area code & no.)
I certify under penalty of law that this document and all attachments were prepared under my direction or stage system designed to assure that qualified personnel properly gather and evaluate the information submitted. Base persons who manage the system, or those persons directly responsible for gathering the information, the information was knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submittee possibility of fine and imprisonment for knowing violations.  A. Name & Official Title  LTC Timothy R. Vail District Commander	B. Phone No. (area code & no.) (509) 527-7700

Please print or type in the u		EPA ID Number (copy	r from Item 1 of Form 1)		expires 5-31-92.	10-0086.
FORM 2E NPDES	A Facilities V	Vhich Do	Not Discha	rge Proces	s Waste	water
I. RECEIVING WATERS						
	For this outfall, list the	e latitude and lo	ngitude, and nam	e of the receiving	g water(s).	
Outfall Number (list)	Latitude L	ongitude Re	eceiving Water (name)	<u> </u>		
Deg	Min Sec Deg	Min Sec Si	nake River			
	39.0(28.0(117.(		ř	)		
II. DISCHARGE DATE (If	a new discharger, the date 03/01/1975	you expect to begi	in discharging)			
III.TYPE OF WASTE						
A. Check the box(es) indic	cating the general type(s)	of wastes discharge	d.		Other Nonp	roces
☐ Sanitary Wastes	☐ Restaurant or Cafe	teria Wastes	☑ Noncontact	Cooling Water	☐ Wastewater	
B. If any cooling water add	ditives are used, list them l	nere. Briefly describ	e their composition if t	this information is ava	ailable.	
NA						
A Existing Sources -	FERISTICS  — Provide measurements	for the parameters	listed in the left-hand o	column below unless	waived by the or	ermitting
authority (see instru	ictions).					
	<ul> <li>Provide estimates for the fifther number of measurem</li> </ul>					ng
		1) imum	(2) Average Daily		(3)	(or) (4)
Pollutant or Parameter	Daily	Value le units)	Value (la	ast year) e units)	Number of Measurements	Source of Estimate
	Mass	Concentration	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)	75.3 lbs/day	5.4 mg/L	75.3 lbs/day	5.4 mg/L	1.00	
Total Suspended Solids (TSS)	13.9 lbs/day	1.0 mg/L	13.9 lbs/day	1.0 mg/L	1.00	
Fecal Coliform (if believed pres or if sanitary waste is discharge		NA	NA	Na	0.00	
Total Residual Chlorine (if chlorine is used)	0.0 lbs/day	<0.05 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease	0.0 lbs/day	<1 mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen demand (Co	OD) 177.11bs/day	12.7 mg/L	177.1lbs/day	12.7 mg/L	1.00	
*Total organic carbon (TOC)	42.94lbs/day	3.08 mg/L	42.941bs/day	3.08 mg/L	1.00	
Ammonia (as N)	1.39 lbs/day	0.10 mg/L	1.39 lbs/day	0.10 mg/L	1.00	
Discharge Flow	Value 1161	GPM	1.6718	MGD	0.00	
pH (give range)	Value 7.00-	-8.00			1.00	
Temperature (Winter)		°C		~ °C	0.00	
Temperature (Summer)		21.80 °C		°C	1.00	
						1

TE MORE DIRECTION THE TREATMENT OF TIOM 200 CHICATON	or seasonal?  ✓ Yes □ No
If yes, briefly describe the frequency of flow and duration.  Outfall 009 is the non-contact cooling water for the heat pum	ps.
There is a constant flow of river water through the heat pump	s.
I. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
TA.	
(II. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention	of the reviewer any other information you feel
should be considered in establishing permit limitations. Attach additional sheets, if necessar	ry.
IA	
I certify under penalty of law that this document and all attachments were prepared und system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the	nation submitted. Based on my inquiry of the person or information, the information submitted is to the best of
I certify under penalty of law that this document and all attachments were prepared under system designed to assure that qualified personnel properly gather and evaluate the information of the property of the personnel properly gather and evaluate the information of the property of the	nation submitted. Based on my inquiry of the person or information, the information submitted is to the best of
I certify under penalty of law that this document and all attachments were prepared under system designed to assure that qualified personnel properly gather and evaluate the information persons who manage the system, or those persons directly responsible for gathering the interpretation of the possibility of fine and imprisonment for knowing violations.	nation submitted. Based on my inquiry of the person or information, the information submitted is to the best of unit penalties for submitting false information, including  B. Phone No. (area cod.)
I certify under penalty of law that this document and all attachments were prepared und system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the important my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.  Name & Official Title	nation submitted. Based on my inquiry of the person or information, the information submitted is to the best of unit penalties for submitting false information, including  B. Phone No. (area code & no.)
system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the important my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.  Name & Official Title  TC Timothy R. Vail District Commander	pation submitted. Based on my inquiry of the person or information, the information submitted is to the best of introduction for submitting false information, including  B. Phone No. (area code & no.)  (509) 527-7700
I certify under penalty of law that this document and all attachments were prepared und system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the important my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.  Name & Official Title	nation submitted. Based on my inquiry of the person or information, the information submitted is to the best of unit penalties for submitting false information, including  B. Phone No. (area cod & no.)
I certify under penalty of law that this document and all attachments were prepared und system designed to assure that qualified personnel properly gather and evaluate the inform persons who manage the system, or those persons directly responsible for gathering the important my knowledge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations.  Name & Official Title  TC Timothy R. Vail District Commander	pation submitted. Based on my inquiry of the person or information, the information submitted is to the best of introduction for submitting false information, including  B. Phone No. (area code & no.)  (509) 527-7700

Please print or type in	the unsl	naded are	eas only.	E	PA ID Number (	сору f	rom Item 1 of Form 1)		roved. OMB No. 20 expires 5-31-92.	40-0086	
FORM 2E SE	PA	Fac	cilities	s W	hich Do	o N	lot Dischai	ge Proces	s Waste	wat	er
I. RECEIVING WAT	ERS										
	Fo	r this o	outfall, lis	st the	latitude and	d lor	ngitude, and nam	e of the receiving	g water(s).		
Outfall	L	atitude		Lo	ngitude	Rec	eiving Water (name)				
Number (list)	Deg	Min	Sec D	Deg	Min Sec	Sn	ake River				
010	46.00	39.00	28.00 11	17.(2	25.00 54.00						
II. DISCHARGE DAT	E (If a r		harger, the		you expect to	begin	discharging)	•			
III.TYPE OF WASTE											
A. Check the box(es)	indicati	ing the g	eneral typ	e(s) of	wastes discha	arged			Other Nepr		
☐ Sanitary Wastes	s l	☐ Rest	taurant or	Cafete	ria Wastes		☑ Noncontact	Cooling Water	Other Nonp Wastewate		
B. If any cooling wate											
authority (see in authority). Inste	instructi ers — f	ons). Provide e	estimates f er of measi	for the	parameters lis	sted in	n the left-hand column he source of estimate Averag Value (li	n below, unless waiv d values (see instruct) 2) e Daily	ed by the permit ctions).  (3)  Number of	(or)	(4)
Parameter			Mass (i	include	units)  Concentratio	n	(includ	Concentration	Measurements Source (if new		rce of Estimate new discharger)
Biochemical Oxygen		303	181bs/d	lay	22.4 mg/	. \	3018lbs/day	22.4 mg/L	(last year)		
Demand (BOD)  Total Suspended Solids	(TSS)	107	771bs/d	lay	8.0 mg/1		1077lbs/day	8.0 mg/L	1.00		
Fecal Coliform (if believe or if sanitary waste is dis			NA	+	NA		NA	NA	0.00	$\top$	
Total Residual Chlorine ( chlorine is used)			8 lbs/c	day	0.057 mg,	/L	7.68 lbs/day	0.057 mg/L	1.00		
Oil and Grease	N.	0.0	0 lbs/d	lay	<1 mg/L	ı	0.0 lbs/day	<1 mg/L	1.00		
*Chemical oxygen dema	nd (COD	820	.61bs/d	day	6.09 mg/	L	820.6lbs/day	6.09 mg/L	1.00		
*Total organic carbon (To	OC)	353	3 lbs/d	lay	2.62 mg/	L	353 lbs/day	2.62 mg/L	1.00		
Ammonia (as N)		30.	721bs/d	day	0.228 mg	/L	30.721bs/day	0.228 mg/L	1.00		
Discharge Flow		Value	1.	1220	GPM ·		16.15	7 MGD	0.00		
pH (give range)		Value	7	.00-8	3.00				1.00		
Temperature (Winter)						°C		°C	0.00		
Temperature (Summer)					18.8	0 °C		°C	1.00		
*If noncontact cooling wa	ter is dis	charged									100 m

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?	
If yes, briefly describe the frequency of flow and duration.	□ No
When the adult fish trap is in use, there is a constant flow of river water thr Periodically, the holding tanks with MS-222 are drained into this line.	ough the system.
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA NA	
VII. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other is should be considered in establishing permit limitations. Attach additional sheets, if necessary.	nformation you feel
A grab sample was taken when the holding tank was drained into the 12" line.	
VIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervisivem designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on persons who manage the system, or those persons directly responsible for gathering the information, the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting the possibility of fine and imprisonment for knowing violations.	my inquiry of the person or submitted is to the best of
A. Name & Official Title	B. Phone No. (area code
LTC Timothy R. Vail District Commander	& no.) (509) 527-7700
C. Signature	D. Date Signed
Jul .	
EPA Form 3510-2E (8-90)	Page 2 of 2

Please print or type in the	e unshaded areas		EPA ID Number (copy i		Form Appr Approval e	expires 5-31-92.	
FORM 2E NPDES	A Fac	ilities V	Vhich Do N	Not Dischai	rge Proces	s Waste	water
I. RECEIVING WATER	s						
	For this ou	tfall, list the	e latitude and lor	ngitude, and nam	e of the receiving	g water(s).	
Outfall Number (list)	Latitude	L	ong.tage	ceiving Water (name)			
De	eg Min S	Sec Deg	Min Sec Sn	ake River			
011 46	.0(39.0(32	2.0(117.(	25.0(50.0(	-		8	
II. DISCHARGE DATE (		arger, the date 01/1975	you expect to begin	n discharging)			
III. TYPE OF WASTE			- Parks				
A. Check the box(es) inc	dicating the ger	neral type(s) o	of wastes discharged	1.		Other Nonp	rocee
☐ Sanitary Wastes  B. If any cooling water a		urant or Cafet		☑ Noncontact		Wastewater	
NA							
IV. EFFLUENT CHARAC							
A. Existing Sources authority (see inst     B. New Dischargers authority. Instead	tructions). — Provide est	timates for the	e parameters listed i		n below, unless waive	ed by the permitt	7
Pollutant or Parameter		Maxii Daily (include	Value	Averag Value (la (include	e Daily ast year)	(3) Number of Measurements	(or) (4) Source of Estimate
		Maxi Daily	mum Value	Averag Value (la	e Daily ast year)	Number of	
	84.1	Maxi Daily (include	mum Value e units)	Averag Value (la (include	e Daily ast year) e units)	Number of Measurements Taken	Source of Estimate
Parameter  Biochemical Oxygen		Maxi Daily (include	mum Value e units) Concentration	Averag Value (la (include Mass	e Daily ast year) e units)  Concentration	Number of Measurements Taken (last year)	Source of Estimate
Parameter Biochemical Oxygen Demand (BOD)	S) 104.	Maxi Daily (include Mass 41bs/day	Concentration 5.65 mg/L	Averag Value (li (include Mass 31.55lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L	Number of Measurements Taken (last year) 1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS Fecal Coliform (if believed p.	resent arged)	Maxin Daily (include Mass 41bs/day 21bs/day	Concentration 5.65 mg/L 7.0 mg/L	Averag Value (k (include Mass 31.55lbs/day 39.1 lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L	Number of Measurements Taken (last year) 1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS- Fecal Coliform (if believed pror if sanitary waste is discha Total Residual Chlorine (if	resent riged) 0.0	Maxin Daily (included Mass 41bs/day 21bs/day NA	Concentration 5.65 mg/L 7.0 mg/L NA	Averag Value (ke (include Mass ) 31.55lbs/day 39.1 lbs/day NA	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L  NA	Number of Measurements Taken (last year)  1.00  1.00  0.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS: Fecal Coliform (if believed por if sanitary waste is dischatotal Residual Chlorine (if chlorine is used)	(S) 104 resent arged) 0.0	Maxin Daily (included Mass) 41bs/day 21bs/day NA 1bs/day	The second secon	Averag Value (ke (include Mass ) 31.55lbs/day 39.1 lbs/day NA 0.0 lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L	Number of Measurements Taken (last year)  1.00  1.00  0.00  1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS: Fecal Coliform (if believed por if sanitary waste is dischated total Residual Chlorine (if chlorine is used)  Oil and Grease	(COD) 104.	Maxin Daily (included Mass) 41bs/day 21bs/day NA 1bs/day 1bs/day	The mum value e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L	Averag Value (ke (include Mass ) 31.55lbs/day 39.1 lbs/day NA 0.0 lbs/day 7.4 lbs/day	e Daily ast year) a units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS  Fecal Coliform (if believed pior if sanitary waste is dischat  Total Residual Chlorine (if chlorine is used)  Oil and Grease  *Chemical oxygen demand (	(COD) 285.2	Maxin Daily (included Mass) 41bs/day 21bs/day NA 1bs/day 1bs/day 91bs/day	mum Value e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L	Averagy Value (leginolude Mass 31.55lbs/day 39.1 lbs/day NA 0.0 lbs/day 7.4 lbs/day 107.2lbs/day	e Daily ast year) a units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00	Source of Estimate
Parameter  Biochemical Oxygen Dernand (BOD)  Total Suspended Solids (TS Fecal Coliform (if believed pror if sanitary waste is discha Total Residual Chlorine (if chlorine is used)  Oil and Grease  *Chemical oxygen demand (	(COD) 285.2	Maxin Daily (included Mass) 41bs/day 21bs/day NA 1bs/day 1bs/day 91bs/day 31bs/day	num Value e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L	Averagy Value (le (include Mass)  31.55lbs/day  39.1 lbs/day  NA  0.0 lbs/day  7.4 lbs/day  107.2lbs/day  24.46lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS- Fecal Coliform (if believed pror if sanitary waste is discha Total Residual Chlorine (if chlorine is used)  Oil and Grease  *Chemical oxygen demand ( *Total organic carbon (TOC)  Ammonia (as N)	(COD) 285.2 1.94	Maxin Daily (included Mass) 41bs/day 21bs/day NA 1bs/day 1bs/day 91bs/day 31bs/day 1bs/day	NA  <0.05 mg/L  1.3 mg/L  1.2 mg/L  4.38 mg/L  0.13 mg/L  GPM	Averagy Value (leginolude Mass 31.55lbs/day 39.1 lbs/day NA 0.0 lbs/day 7.4 lbs/day 107.2lbs/day 24.46lbs/day 0.73 lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS- Fecal Coliform (if believed pror if sanitary waste is discha Total Residual Chlorine (if chlorine is used)  Oil and Grease  *Chemical oxygen demand ( *Total organic carbon (TOC)  Ammonia (as N)  Discharge Flow	(COD) 285.2 1.94 Value	Maxin Daily (included Mass)  41bs/day  21bs/day  NA  1bs/day  1bs/day  91bs/day  1bs/day  1bs/day  1bs/day	NA  <0.05 mg/L  1.3 mg/L  1.2 mg/L  4.38 mg/L  0.13 mg/L  GPM	Averagy Value (leginolude Mass 31.55lbs/day 39.1 lbs/day NA 0.0 lbs/day 7.4 lbs/day 107.2lbs/day 24.46lbs/day 0.73 lbs/day	e Daily ast year) e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  0.00	Source of Estimate
Parameter  Biochemical Oxygen Demand (BOD)  Total Suspended Solids (TS: Fecal Coliform (if believed pror if sanitary waste is discha Total Residual Chlorine (if chlorine is used)  Oil and Grease  *Chemical oxygen demand ( *Total organic carbon (TOC)  Ammonia (as N)  Discharge Flow  pH (give range)	(COD) 285.2 1.94 Value	Maxin Daily (included Mass)  41bs/day  21bs/day  NA  1bs/day  1bs/day  91bs/day  1bs/day  1bs/day  1bs/day	Mum Value e units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L  GPM  8.00	Averagy Value (le (include Mass)  31.55lbs/day  39.1 lbs/day  NA  0.0 lbs/day  7.4 lbs/day  107.2lbs/day  24.46lbs/day  0.73 lbs/day  0.670	e Daily ast year) a units)  Concentration  5.65 mg/L  7.0 mg/L  NA  <0.05 mg/L  1.3 mg/L  19.2 mg/L  4.38 mg/L  0.13 mg/L	Number of Measurements Taken (last year)  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00  1.00	Source of Estimate

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? If yes, briefly describe the frequency of flow and duration.	☑ Yes ☐ No
Outfall 011 is for the CNO drainage sump discharge.	
The pumps are operated on a float switch. Pump #2 is down. Pump #1 runs	on average for 3 minutes
The pumps are operated on a float switch. Fump #2 is down. Fump #1 fums on and 8 minutes off.	on average for 5 minutes
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
VII. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviews should be considered in establishing permit limitations. Attach additional sheets, if necessary.	er any other information you feel
NA	
VIII. CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my directic system designed to assure that qualified personnel properly gather and evaluate the information submitted persons who manage the system, or those persons directly responsible for gathering the information, the my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for	d. Based on my inquiry of the person or e information submitted is to the best of
the possibility of tine and imprisonment for knowing violations.	r submitting taise information, including
the possibility of fine and imprisonment for knowing violations.  A. Name & Official Title	B. Phone No. (area code
A. Name & Official Title	B. Phone No. (area code & no.)
A. Name & Official Title  LTC Timothy R. Vail District Commander	B. Phone No. (area code & no.) (509) 527-7700

Please print or type in the	ne unshad	ed areas only		EPA ID I	Number (d	copy from Item	of Form 1)		proved. OMB No. 204 expires 5-31-92.	0-0086.
FORM 2E SEI	PA	Faciliti	es V	Vhic	h Do	Not E	ischa	rge Proces	ss Waste	water
I. RECEIVING WATE	RS									
	Fort	his outfall	, list th	ie latitu	ide and	d longitude	and nam	ne of the receivin	g water(s).	
Outfall Number (list)	Lati	tude		Longitud	ie	Receiving W	ater (name)			
	eg M	lin Sec	Deg	Min	Sec	Snake R	iver	Military and the second		
012 46	5.0(39	.0(37.00	117.0	26.00	9.00					
II. DISCHARGE DATE	(If a new	discharger,		le you ex	cpect to b	pegin dischar	ging)		-	
III.TYPE OF WASTE		03/01/								
A. Check the box(es) in	ndicating	the general	type(s)	of waste	es discha	rged.				
☐ Sanitary Wastes		Restaurant	or Cafe	eteria Wa	astes		Noncontact	Cooling Water	Other Nonpr Wastewater	
NA										
IV. EFFLUENT CHARA	CTERIS	TICS								
A. Existing Source authority (see instance)     B. New Discharger authority. Instead	structions rs — Pro	s). vide estimat	es for the	ne param	neters lis	ted in the left	hand colum e of estimate		ved by the permittir	ng
Pollutant or Parameter			Max Daily	kimum Value de units)		Average Daily Value (last year) (include units)			Number of Measurements	Source of Estimate
		Mass	3	Cor	ncentration	n	Mass	Concentration	Taken (last year)	(if new discharger)
Biochemical Oxygen Demand (BOD)							,	,	,	
Total Suspended Solids (T	SS)									
Fecal Coliform (if believed or if sanitary waste is disch	present arged)	Annual cost for growth for the cost of the cost								
Total Residual Chlorine (if chlorine is used)							-	,		
Oil and Grease									<i>J</i> .	•
*Chemical oxygen demand	(COD)						,			
*Total organic carbon (TOC	<b>(</b> )									
Ammonia (as N)										
Discharge Flow		Value	10	GPM			0.014	4 MGD	0.00	
pH (give range)		Value								
Temperature (Winter)						°C		°C	:	
Temperature (Summer)						°C		°C	;	
*If noncontact cooling wate	r is discha	raed								

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?  If yes, briefly describe the frequency of flow and duration.	□ No
The connex labratory discharge was down at the time of sampling. MS-222 is disc	harged when in use.
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA	
VII. OTHER INFORMATION (Optional)	
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other should be considered in establishing permit limitations. Attach additional sheets, if necessary.	information you feel
MS222 is added to anesthetize juvenile salmon.	
VIII. CERTIFICATION	vision in accordance with a
I certify under penalty of law that this document and all attachments were prepared under my direction or supervisives designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on persons who manage the system, or those persons directly responsible for gathering the information, the information my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting the possibility of fine and imprisonment for knowing violations.	my inquiry of the person of submitted is to the best of
A. Name & Official Title	B. Phone No. (area code
LTC Timothy R. Vail District Commander	& no.) (509) 527-7700
C. Signature	D. Date Signed
fee	
EPA Form 3510-2E (8-90)	Page 2 of 2

Please print or type in	the uns	haded are	eas only.		EPA ID N	lumber (copy	from Item 1 of Form 1)		roved. OMB No. 2040 expires 5-31-92.	-0086.
FORM 2E SE	PA	Fa	cilitie	es V	Vhic	h Do	Not Dischar	rge Proces	s Wastev	vater
I. RECEIVING WAT	ERS									
	Fo	or this	outfall,	list the	e latitu	de and lo	ongitude, and nam	e of the receiving	water(s).	
Outfall Number (list)	Number (list)  Deg Min Sec Deg Min Sec Snake River  3 46.0(39.0(39.0(117.(26.0(9.00)  DISCHARGE DATE (If a new discharger, the date you expect to begin discharging) 03/01/1975  TYPE OF WASTE  Check the box(es) indicating the general type(s) of wastes discharged.  Other Nonprocess									
Number (nst)	Deg	Min	Sec	Deg	Min	Sec S	nake River			
013	16.00	39.00	39.00	117.0	26.00	9.00				
II. DISCHARGE DAT	E (If a I				you ex	pect to beg	in discharging)			
III. TYPE OF WASTE										
A. Check the box(es)	indicat	ing the g	general ty	ype(s) c	of waste	s discharge	ed.			
☐ Sanitary Wastes	3	☐ Res	staurant c	or Cafet	eria Wa	stes	☑ Noncontact	Cooling Water		
	r additi	ves are	used, list	them h	nere. Bri	efly describ	e their composition if t	his information is ava	ailable.	3
NA										*
										×
IV. EFFLUENT CHAR										
A. Existing Source authority (see in			measure	ments f	for the p	arameters	listed in the left-hand of	column below, unless	waived by the peri	mitting
B. New Discharge	ers —	Provide					in the left-hand colum			g
authority, instea	ad of th	e numo	er or mea	(1		en, provide	the source of estimate			
Pollutant or				Maxii Daily	mum			e Daily	(3) (0 Number of	or) (4)
Pollutant or Parameter		-	(inclu		Concentration		(include		Measurements Taken	Source of Estimate (if new discharger)
Biochemical Oxygen		16	Mass .9 lbs	/dav		1 mg/L	2.1 lbs/day	28.1 mg/L	(last year)	
Demand (BOD) Total Suspended Solids (	TSS		0 lbs/			mg/L	0.0 lbs/day	ND mq/L	1.00	
Fecal Coliform (if believed				day				3.	0.00	
or if sanitary waste is disc Total Residual Chlorine (i	charged)		NA 			NA ————	NA	NA	-0.00	
chlorine is used)	п	0.	0 lbs/	'day	<0.0	)5 mg/L	0.0 lbs/day	<0.05 mg/L	1.00	
Oil and Grease		0.	0 lbs/	'day	<1	mg/L	0.0 lbs/day	<1 mg/L	1.00	
*Chemical oxygen deman	nd (COD	) 33.	.4 lbs	/day	55.	6 mg/L	4.2 lbs/day	55.6 mg/L	1.00	
Total organic carbon (TC	OC)	11.	.4 lbs	/day	18.	9 mg/L	1.4 lbs/day	18.9 mg/L	1.00	
Ammonia (as N)		0.0	09 lbs	/day	0.15	55 mg/L	0.01 lbs/day	0.155 mg/L	1.00	
Discharge Flow		Value	e	50 (	GPM		0.009	MGD	0.00	
oH (give range)		Value	е	6.50-	7.50		1		1.00	,
Temperature (Winter)						°(		°C	0.00	
Temperature (Summer)						16.60 <sub>°(</sub>		°C	1.00	

\*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal?	☑ Yes □ No
If yes, briefly describe the frequency of flow and duration.	
This is a 6" pipe discharging from the juvenile fish facility. This outfanesthetize juvenile salmonids. This outfall operates seasonally from apoctober, for about 3 hours daily.	all contains MS222 used to proximatley March through
VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)	
NA .	
VII. OTHER INFORMATION (Optional)	
VII. OTHER INFORMATION (Optional)  Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer should be considered in establishing permit limitations. Attach additional sheets, if necessary.	any other information you feel
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Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A grab sample was taken from the circulating tank.	any other information you feel
Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer should be considered in establishing permit limitations. Attach additional sheets, if necessary.  A grab sample was taken from the circulating tank.  VIII. CERTIFICATION  I certify under penalty of law that this document and all attachments were prepared under my direction system designed to assure that qualified personnel properly gather and evaluate the information, the my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for	or supervision in accordance with a Based on my inquiry of the person or information submitted is to the best of
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## VII. OTHER INFORMATION

## **Lower Granite Project**

(1 0,7 × 10

Background water samples were taken each of the sampling days. The following results are the high values over the two days:

TEMP °C	рН	BOD mg/L	TSS mg/L	COD mg/L	TOC mg/L	AMMONIA mg/L	OIL/GREASE mg/L	PCB mg/L	
24.9	8.42	<2.0	2.0	8.91	1.85	0.107	ND	ND	

In addition to the outfalls specifically identified in this permit application Lower Granite Project is addressing the following oil to water interfaces:

- Kaplan Runners. Kaplan runners are part of the turbine that extends into the water in the draft tube. The runner contains turbine oil and can release oil similar to a controlled pitch propeller in vessels. The Project has 6 Kaplan Runners.
- Greased Bushings. Grease is used to lubricate bushings on wicket gates that control the flow of
  water from the scroll case to the turbine runner and other in-water equipment. During the
  lubrication process grease is pushed through equipment and can be released directly to the
  river. The system automatically greases the bushings when the unit is operating per
  manufacturer's specifications.
- Lubricated Wire Rope. Lubricated wire rope is used throughout the Project over water and in direct contact with water and greased based upon the Project's preventative maintenance schedule.
- In-water equipment. In-water equipment, such as bearings, blocks, trucks, and guides, in or above the water is greased based upon the Project's preventative maintenance schedule.